

1           IN THE UNITED STATES DISTRICT COURT  
2           FOR THE EASTERN DISTRICT OF OHIO  
3           EASTERN DIVISION

4                           -   -   -

5   IN RE:   NATIONAL           :   MDL NO. 2804  
6   PRESCRIPTION OPIATE :  
7   LITIGATION                :

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7                               :   CASE NO.  
8   THIS DOCUMENT            :   1:17-MD-2804  
9   RELATES TO ALL CASES:

                              :   Hon. Dan A.  
                              :   Polster

10                           -   -   -

                  Tuesday, January 15, 2019

11                           -   -   -

12   HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER  
13   CONFIDENTIALITY REVIEW

14                           -   -   -

15                               Videotaped deposition of  
16   LINDA KITLINSKI, taken pursuant to  
17   notice, was held at Golkow Litigation  
18   Services, One Liberty Place, 1650 Market  
19   Street, Suite 5150, Philadelphia,  
20   Pennsylvania 19103, beginning at 9:05  
21   a.m., on the above date, before Amanda  
22   Dee Maslynsky-Miller, a Certified  
23   Realtime Reporter.

24                           -   -   -

23                   GOLKOW LITIGATION SERVICES  
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1

2

3 I N D E X

4

5 Testimony of: LINDA KITLINSKI

6 By Ms. Aminolroaya

7 By Mr. Buchanan

8 By Mr. Davis

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E X H I B I T S

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NO.	DESCRIPTION	PAGE
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29	Exhibit-16 ENDO-OPIOID_MDL-06233891-		
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11	Exhibit-48 ENDO-OPIOID_MDL-04908487-
12	488, with attachment 426
13	Endo-Kitlinski
14	Exhibit-49 No Bates
15	Amended Subpoena to Testify
16	At a Deposition in a
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18	Endo-Kitlinski
19	Exhibit-50 ENDO-OPIOID_MDL-01769386-
20	592 495
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22	Exhibit-51 ENDO-OPIOID_MDL-02343835,
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22	None
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1 - - -

2 (It is hereby stipulated and

3 agreed by and among counsel that

4 sealing, filing and certification

5 are waived; and that all

6 objections, except as to the form

7 of the question, will be reserved

8 until the time of trial.)

9 - - -

10 VIDEO TECHNICIAN: We're now

11 on the record. My name is David

12 Lane, the videographer for Golkow

13 Litigation Services. Today's date

14 is January 15th, 2019. Our time

15 is 9:05 a.m.

16 This deposition is taking

17 place in Philadelphia,

18 Pennsylvania, in the matter of

19 National Prescription Opiate

20 Litigation, MDL. The deponent

21 today is Linda Kitlinski. Our

22 counsel will be noted on the

23 stenographic record. Our court

24 reporter today is Amanda Miller

Page 13

1 and will now swear in the witness.

2 - - -

3 LINDA KITLINSKI, after

4 having been duly sworn, was

5 examined and testified as follows:

6 - - -

7 VIDEO TECHNICIAN: Please

8 begin.

9 - - -

10 EXAMINATION

11 - - -

12 BY MS. AMINOLROAYA:

13 Q. Good morning, Ms. Kitlinski.

14 We met a few moments ago off the record.

15 My name is Parvin Aminolroaya, and I

16 represent some of the plaintiffs in the

17 opioid litigation.

18 Would you please state your

19 name for the record?

20 A. Linda Ann Kitlinski.

21 Q. And have you ever been

22 deposed before, Ms. Kitlinski?

23 A. No, I have not.

24 Q. So I'm just going to go over

Page 14

1 a few ground rules. Your counsel may  
 2 have gone over them, but I want to make  
 3 sure we're on the same page.  
 4 If you don't understand a  
 5 question, please tell me. And I will be  
 6 asking a lot of questions throughout the  
 7 day, there may be times when I don't  
 8 succeed in asking a question that you  
 9 understand. Just let me know.  
 10 Otherwise, the record will reflect that  
 11 the question was understood.  
 12 I'll ask you to answer with  
 13 a verbal yes or no. Please don't nod or  
 14 shake your head. The court reporter  
 15 should be able to take down what we're  
 16 saying.  
 17 And in the course of normal  
 18 conversation, sometimes you can  
 19 anticipate what I'm saying so you may  
 20 know the answer before I even finish the  
 21 question. But for purposes of having a  
 22 clean record, please wait until I finish  
 23 my question before giving your answer.  
 24 And I'll remind you of that if it seems

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1 like we're talking over each other during  
 2 the deposition.  
 3 We can take a break whenever  
 4 you need, just let me know. The only  
 5 thing I would ask is that if there's a  
 6 question pending, you answer the  
 7 question.  
 8 Do you understand these  
 9 instructions?  
 10 A. Yes, I do.  
 11 Q. And do you understand that  
 12 you're under oath as if you were in a  
 13 court of law before Judge Polster in  
 14 Ohio?  
 15 A. Yes, I do.  
 16 Q. And if you don't know an  
 17 answer to a question or can't recall,  
 18 just let me know. But please don't  
 19 guess. However, we are entitled to your  
 20 best recollection.  
 21 Is there anything we should  
 22 know that would prevent you from  
 23 testifying truthfully and to the best of  
 24 your ability today?

Page 16

1 A. No.  
 2 VIDEO TECHNICIAN: Going off  
 3 the record. 9:08 a.m.  
 4 - - -  
 5 (Whereupon, a brief recess  
 6 was taken.)  
 7 - - -  
 8 VIDEO TECHNICIAN: We're  
 9 back on record at 9:10 a.m.  
 10 BY MS. AMINOLROAYA:  
 11 Q. We just took a short break  
 12 to handle a small technical issue. We're  
 13 back on the record.  
 14 Ms. Kitlinski, what did you  
 15 do to prepare for your testimony today?  
 16 A. I read the subpoena  
 17 documents thoroughly. I went through my  
 18 files, gathered up the requisite  
 19 materials that were referenced in there,  
 20 provided those to counsel. Met with  
 21 counsel on three occasions for a few  
 22 hours. And I'm here today.  
 23 Q. And when did you first  
 24 receive a subpoena?

Page 17

1 A. I'm going to say it was in  
 2 October. That's a guess. It was prior  
 3 to the first week of November, I know  
 4 that, but I don't know the exact date.  
 5 Q. And what did you do to  
 6 undertake the thorough search you just  
 7 described in response to the subpoena?  
 8 A. Well, I went through my  
 9 personal -- first of all, the documents  
 10 that I had in my possession were  
 11 subsequent to my employment from Endo. I  
 12 had turned everything in, you know, when  
 13 I retired, or during subsequent -- I  
 14 mean, during the orders that they had in  
 15 place prior to that time.  
 16 So I went through my  
 17 materials. And I extracted anything that  
 18 had anything to do with opioids or the  
 19 other criteria that were listed in the  
 20 subpoena.  
 21 I did a key word search, and  
 22 I have on my -- on my computer the -- any  
 23 of the documents that -- as well as on my  
 24 laptop, on my thumb drive, I have one

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1 thumb drive that I have used since  
2 leaving Endo, and that's where I have  
3 looked for those documents.  
4 Q. What search terms did you  
5 use?  
6 A. Anything related to opioids,  
7 you know -- they were listed in your  
8 document there, opioids, oxymorphone,  
9 Opana, REMS.  
10 Q. And where on your computer  
11 did you search?  
12 A. I searched my desktop, and I  
13 searched in my -- in my folders. And I  
14 searched the thumb drive that I use. I  
15 also searched in through my e-mails. The  
16 majority of my e-mails were, shall I say,  
17 a combination of junk mail that you get  
18 from, you know, people soliciting your  
19 participation in things not related to  
20 this case, you know, just regular,  
21 everyday coupons and that type of thing.  
22 The other e-mails in my  
23 files were copied to the folks at the  
24 REMS, now Syneos, previously Campbell

Page 19

1 Alliance/inVentiv. And the conjoint  
2 committee members who participate in the  
3 REMS, again, they are also copied on the  
4 Syneos/inVentiv documents since they're  
5 in attendance at that meeting and take  
6 minutes.  
7 Q. And when did you run the  
8 search in your e-mail?  
9 A. Between the time I received  
10 the subpoena and the time that I  
11 prepared -- presented the documents to  
12 counsel this past week.  
13 [REDACTED]  
14 [REDACTED]  
15 [REDACTED]  
16 [REDACTED]  
17 [REDACTED]  
18 [REDACTED]  
19 [REDACTED]  
20 [REDACTED]  
21 [REDACTED]  
22 [REDACTED]  
23 [REDACTED]  
24 So I pulled off anything

Page 20

1 that was not related to the subpoena and  
2 this case, retained those family  
3 documents.  
4 Q. So just to clarify, you  
5 searched the thumb drive?  
6 A. Yes.  
7 Q. And you applied the search  
8 terms that were identified in plaintiffs'  
9 subpoena?  
10 A. Yes.  
11 Q. And you turned those  
12 documents over to your counsel?  
13 A. Yes.  
14 Q. And turning to your  
15 e-mails --  
16 A. Excuse me, just to clarify.  
17 Q. Thank you.  
18 A. I turned some paper  
19 documents, which came from my files, over  
20 to counsel. And I turned the thumb drive  
21 that did not have my family information  
22 but had the information related to the --  
23 to this case.  
24 Q. And what kinds of documents

Page 21

1 were on the thumb drive?  
2 A. Oh, they were things like  
3 the minutes from the -- from the REMS  
4 meetings, the agenda, the participants.  
5 They would circulate the minutes for  
6 comments to make sure that they reflected  
7 accurately what people who participated  
8 heard.  
9 It contained the -- I  
10 believe there was a copy of the  
11 MedBiquitous REMS specs on there, which  
12 was another element of the REMS.  
13 Q. I'm sorry, I think I missed  
14 the word you said before "REMS."  
15 A. MedBiquitous. It's the  
16 Johns Hopkins organization that does the  
17 metrics for the REMS.  
18 Q. Any other categories of  
19 documents on the thumb drive?  
20 A. Those are -- that's the  
21 majority of them.  
22 And there may have been, for  
23 example, like, if I was going to a  
24 conference and, for REMS or the FDA,

Page 22

1 let's say the FDA public meeting, I would  
2 have printed out a copy at that -- you  
3 know, at that time, of the agenda and any  
4 attachments, and afterwards I might have  
5 had a copy of it retained on the thumb  
6 drive or the directions to the, you know,  
7 meeting and things like that.  
8 Q. And you talked about running  
9 the search on the thumb drive.  
10 Can you give us a better  
11 sense of when you ran the search? You  
12 said it was between October and this  
13 week, and January, correct?  
14 MR. DAVIS: Objection to  
15 form.  
16 MS. AMINOLROAYA: You can  
17 answer.  
18 MR. DAVIS: You can go  
19 ahead.  
20 BY MS. AMINOLROAYA:  
21 Q. Unless your counsel  
22 instructs you not to answer a question,  
23 and that shouldn't occur very  
24 frequently --

Page 23

1 A. Sure.  
2 Q. -- you can answer the  
3 questions.  
4 A. Sure.  
5 Again, I focused on -- well,  
6 I initially started with the paper files,  
7 and I did that in the end of October and  
8 finished it up this month. Originally,  
9 the subpoena said that the deposition  
10 would be held in November, but because of  
11 my dad's medical situation, I appreciated  
12 the flexibility in being able to do it  
13 this month instead. So I had begun some  
14 things and finished them up this month.  
15 And the computer, you know,  
16 looking through the documents on my -- in  
17 my files on the thumb drive, that was in  
18 January.  
19 Q. And did you provide any  
20 documents to your counsel before January?  
21 A. No, I did not.  
22 Q. Documents that were on the  
23 thumb drive or on your computer, were  
24 those provided to counsel before January?

Page 24

1 A. I provided all of the  
2 documents to counsel in January.  
3 I also provided the one  
4 notebook that I had during that time  
5 period after, you know, 2016 until the  
6 present, until the end of this past year.  
7 And I provided that notebook to counsel.  
8 Q. And -- thank you.  
9 You mentioned your e-mails,  
10 that you searched your e-mails as well  
11 and you applied the search terms in  
12 plaintiffs' subpoena to your e-mails.  
13 What's your e-mail address?  
14 [REDACTED]  
15 [REDACTED]  
16 [REDACTED]  
17 Q. And how long have you  
18 maintained this e-mail address?  
19 A. That's been my e-mail  
20 address since I retired from Endo, so the  
21 middle of May 2014.  
22 [REDACTED]  
23 [REDACTED]  
24 of 2014; is that right?

Page 25

1 [REDACTED]  
2 [REDACTED]  
3 [REDACTED]  
4 [REDACTED]  
5 [REDACTED]  
6 [REDACTED]  
7 [REDACTED]  
8 [REDACTED]  
9 Q. Understood. That happens.  
10 And were there any other  
11 [REDACTED]  
12 [REDACTED]  
13 A. Not since leaving Endo.  
14 Endo had my, you know, Endo e-mail  
15 address. But since leaving the company,  
16 no.  
17 Q. And while you were at Endo,  
18 were there any other personal e-mail  
19 addresses you maintained?  
20 A. No. I had just one e-mail  
21 address, and that was my Endo address.  
22 Q. And you used that for all  
23 communications?  
24 A. Yes, I did.

Page 26

1 Q. Including personal  
2 communications?  
3 A. I did. I know it was  
4 perhaps not the best practice, but it was  
5 just a reality that our lives were so  
6 inextricably linked with work, and I had  
7 little personal e-mail communications.  
8 Q. And when did you start  
9 consulting for Syneos?  
10 MR. DAVIS: Objection to  
11 form.  
12 BY MS. AMINOLROAYA:  
13 Q. I'm sorry. Did you ever  
14 start consulting for Syneos?  
15 MR. DAVIS: Objection to  
16 form.  
17 THE WITNESS: When I retired  
18 from Endo in 2014, it was put in  
19 place a consulting agreement with,  
20 at that time it was Campbell  
21 Alliance, which was the project  
22 management organization that now  
23 is Syneos. And they were the PMO  
24 for the REMS program companies.

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1 I consulted with them on the  
2 REMS beginning in, I believe it  
3 was, the middle of 2016.  
4 BY MS. AMINOLROAYA:  
5 Q. For the jury's benefit --  
6 A. I'm sorry, I just misspoke.  
7 I left Endo in the middle of  
8 2014. And in October of that year, in  
9 the fall, is when I began consulting. It  
10 took a few months to get a consulting  
11 agreement in place.  
12 Q. And do you continue to  
13 consult for Campbell Alliance?  
14 A. No. I consulted with them  
15 from -- like I said, from the fall of  
16 that year through -- of 2014, that was  
17 through the fall of 2016.  
18 [REDACTED]  
19 [REDACTED]  
20 [REDACTED]  
21 [REDACTED]  
22 [REDACTED]  
23 [REDACTED]  
24 [REDACTED]

Page 28

1 Since that time, however, I  
2 have continued to voluntarily consult  
3 with the REMS working group for the  
4 Conjoint Committee on Continuing  
5 Education. So I've participated in the  
6 REMS meetings, whether they be the  
7 conjoint committee meetings, the FDA  
8 public meetings.  
9 Q. You mentioned earlier that  
10 Campbell Alliance was the PMO for REMS.  
11 What is PMO?  
12 A. Project management office.  
13 Q. What do they do for REMS?  
14 A. They execute all of the  
15 project -- and I should -- I should state  
16 that this is my understanding as of 2016  
17 when I last worked with them in that  
18 formal capacity.  
19 They were responsible for  
20 conducting the meetings, scheduling the  
21 subteam meetings, taking minutes of the  
22 meetings, retaining the records for  
23 the -- for the REMS. Any number of  
24 operational aspects of the REMS itself,

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1 since there were a group of, you know,  
2 25-plus companies at that time.  
3 So they served as the  
4 logistical and operational arm of the  
5 RPC, the REMS program companies.  
6 Q. And during your consultancy  
7 with Campbell Alliance, did you use your  
8 [REDACTED] for  
9 communications related to this work?  
10 A. Yes. Again, I used my Endo  
11 address for communications with Campbell  
12 Alliance, because they were -- I don't  
13 recall when they came on board exactly,  
14 it was early on in the REMS, so I was  
15 communicating with them via my Endo  
16 e-mail address until I retired from Endo.  
17 And then during the consulting period, I  
18 worked with the Gmail address.  
19 Q. And what types of  
20 communications would be -- would you  
21 typically send from your Gmail address  
22 related to your consultancy for Campbell  
23 Alliance?  
24 A. So, again, it was what we've

<p style="text-align: right;">Page 30</p> <p>1 talked about before. The fact that, you  2 know, we had a weekly -- for example, a  3 weekly CE -- CE is continuing  4 education -- subteam meeting, there would  5 be an agenda for that.  6 I had a co-chair at times,  7 and so we would put together an agenda,  8 send it out to Campbell. They would  9 distribute it to the other members of the  10 team. They would take notes on the --  11 during the call.  12 We were -- frequently  13 prepared, I'll call them PowerPoint  14 presentations so that the folks on the  15 phone, since we were all, you know,  16 meeting remotely, could follow along on  17 documents. Those -- those PowerPoint  18 slides were retained by Campbell. They  19 retained copies.  20 Once a year, we would have a  21 call for grant proposals for education  22 related to the REMS, and the documents  23 that were utilized during that grant  24 application process, the call for</p>	<p style="text-align: right;">Page 32</p> <p>1 that's the type of documents that -- and  2 that's the focus of those documents.  3 Q. Did you ever communicate  4 with individuals outside of Campbell,  5 during this time, through your e-mail?  6 A. Yes. The continuing  7 education subteam members. So, for  8 example, at times Marcia Stanton or Bob  9 Kristofko were my co-chairs, and we  10 would, you know, put together an agenda  11 or suggest items for the agenda. Or if  12 there was an issue that was brought to  13 our attention from the CE community that  14 we had to put on the larger agenda for  15 RPC, we would, you know, communicate that  16 amongst ourselves so that it could get on  17 to the agenda.  18 Q. What is Marcia's last name?  19 A. Stanton, S-T-A-N-T-O-N.  20 Q. And where is Ms. Stanton?  21 What company did she work with?  22 A. I believe she's retired now  23 herself. She was last at Pernix  24 Pharmaceuticals.</p>
<p style="text-align: right;">Page 31</p> <p>1 proposals, the scoring cards that were  2 used to make sure that the applications  3 met the CE criteria and the FDA REMS  4 criteria. The results of the grant  5 review, you know, which applications were  6 of the best quality. Campbell would put  7 those on to an Excel spreadsheet so that,  8 you know, we could look at them across  9 the total of what was -- what was  10 received.  11 They would -- when we would  12 get invited, for example, to speak at the  13 FDA public meeting on REMS, we would put  14 together a slide deck that had to be  15 approved, because it was for external  16 use, by the members of the RPC.  17 Campbell would share those  18 slides during the Wednesday weekly  19 conference call that all the companies  20 participated in and -- so that they would  21 be aware of what was being said and could  22 approve what was being said outside of  23 the organization.  24 And that's the -- I mean,</p>	<p style="text-align: right;">Page 33</p> <p>1 Q. While you were working at  2 Campbell, or while you were consulting  3 for Campbell, where did Ms. Stanton work?  4 A. She was one of the first  5 folks involved with the REMS, so going  6 back to, let's say, 2009. And I don't  7 know the dates here, but she did work for  8 Pfizer at one point in time. She worked  9 for Purdue. She worked for Pernix. And  10 there was one other small company,  11 Horizon Pharmaceuticals, which was not an  12 opioid company.  13 Q. Did you ever communicate  14 with individuals at ACCME?  15 A. Yes. That was a large part  16 of -- I mentioned to you the Conjoint  17 Committee on Continuing Education, that  18 working group. I perhaps should have  19 explained what that was.  20 That is an organization of  21 approximately 25 to 26 national  22 accrediting bodies, including the ACCME,  23 and including the national professional  24 organizations that accredit education for</p>

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1 nurses, pharmacists, physicians,  
 2 dentists, et cetera.  
 3 So ACCME was one of the  
 4 accreditors with whom, you know, the CE  
 5 subteam at RPC communicated regularly.  
 6 Q. And if you were  
 7 communicating with an individual at  
 8 ACCME, that would be -- you would send an  
 9 e-mail from [REDACTED] to that individual  
 10 at ACCME?  
 11 A. I would bet that there were  
 12 maybe one or two e-mails, again, from my  
 13 [REDACTED]. Because all of our  
 14 communications with the ACCME, the vast  
 15 majority occurred during the context of  
 16 when we were developing the REMS or in a  
 17 meeting that Syneos and the RPC would  
 18 have been involved with.  
 19 So the -- to my knowledge,  
 20 there were two direct e-mails to ACCME,  
 21 and they were regarding participation in  
 22 a meeting that was coming up that we were  
 23 both supposed to be speaking at. So it  
 24 was not -- and/or, you know, coordinating

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1 participation in a conference, like at  
 2 the FDA public meeting type things.  
 3 Q. Did you ever communicate  
 4 with individuals from the Council of  
 5 Medical Specialty Societies?  
 6 A. Yes. Dr. Kahn, Norm Kahn  
 7 and Heidi Lapka are the -- Dr. Kahn is  
 8 the head of the Council of Medical  
 9 Professional Societies. Heidi Lapka is  
 10 the executive director. And they were  
 11 the organization that was the convener  
 12 for the Conjoint Committee on Continuing  
 13 Education that I referred to a little  
 14 while ago.  
 15 And to just put that in  
 16 perspective, the CMSS, the Council of  
 17 Medical Specialty Societies, represents  
 18 650, 750 clinicians from across the U.S.  
 19 in all medical specialties.  
 20 Q. And when you would  
 21 communicate with individuals from CMSS,  
 22 you would do this using your [REDACTED]  
 23 account?  
 24 A. If it was --

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1 MR. DAVIS: Object to form.  
 2 Go ahead.  
 3 THE WITNESS: If it was  
 4 after 2016, yes. I'm sorry, if  
 5 was -- yes, if it was after 2016.  
 6 And also on occasion, in between  
 7 that period of time when I was  
 8 retired from Endo but not yet a  
 9 consultant for Campbell.  
 10 Because I left Endo in the  
 11 middle of May of 2014, and then my  
 12 consulting agreement started in,  
 13 like, October or so of that year.  
 14 BY MS. AMINOLROAYA:  
 15 Q. And after your -- the  
 16 conclusion of your consultancy with  
 17 Campbell Alliance in the fall of 2016,  
 18 you began to work for the REMS Working  
 19 Group?  
 20 MR. DAVIS: Objection to  
 21 form.  
 22 THE WITNESS: The REMS  
 23 Working Group was the -- was in  
 24 place the whole time. So, in

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1 other words, I believe it was  
 2 maybe 2010, the conjoint committee  
 3 on CE, Dr. Kahn, the Council of  
 4 Medical Specialty Societies, they  
 5 began working -- they set up, you  
 6 know, a working group within the  
 7 CE community. They were important  
 8 stakeholders to the REMS, so they  
 9 participated in all of the early,  
 10 you know, discussions with the  
 11 FDA, in terms of, you know, what  
 12 the REMS would look like, what the  
 13 blueprint should look like.  
 14 So that's what I'm referring  
 15 to when I say the working group,  
 16 not to be confused with the IWG,  
 17 which was the Industry Working  
 18 Group, you know, the name for the  
 19 pharma companies that preceded  
 20 them being called the RPC.  
 21 BY MS. AMINOLROAYA:  
 22 Q. Thank you for that  
 23 clarification.  
 24 A. Sure.

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1 Q. And since when have you  
 2 worked for the REMS Working Group?  
 3 MR. DAVIS: Objection to  
 4 form.  
 5 THE WITNESS: And just to be  
 6 clear, when you say "worked for,"  
 7 I receive no compensation for  
 8 them. It's a voluntary project.  
 9 I'm very committed to making sure  
 10 the REMS is successful, and I feel  
 11 that, you know, I have a lot of  
 12 institutional knowledge to share  
 13 with the folks that are involved.  
 14 I've worked with the folks  
 15 at the FDA since the inception of  
 16 it, and the accreditation  
 17 community. And so I like -- I  
 18 would like to see it through to  
 19 fruition and success.  
 20 So I do not receive any  
 21 compensation for that. But, to  
 22 answer your question, I have been  
 23 working with them since they were  
 24 established. Part of the time

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1 while I was with RPC at Endo, part  
 2 of the time while I was consulting  
 3 for Campbell Alliance. And then  
 4 after my formal consulting for  
 5 Campbell Alliance ended, I  
 6 remained a voluntary -- a  
 7 voluntary member of the working  
 8 group.  
 9 BY MS. AMINOLROAYA:  
 10 Q. Thank you.  
 11 And do you continue to do  
 12 that work today?  
 13 A. Yes.  
 14 Q. Did you review any  
 15 deposition transcripts in preparation for  
 16 your testimony today?  
 17 A. I did not.  
 18 Q. I believe you answered this  
 19 earlier, have you ever been deposed  
 20 before?  
 21 A. No, I have not.  
 22 Q. Tell us about your  
 23 education, Ms. Kitlinski.  
 24 A. I grew up in [REDACTED]

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1 Pennsylvania, a small town in  
 2 Northeastern PA, and graduated from Penn  
 3 State University in 1977, with a degree  
 4 in business administration.  
 5 I'm proud to say I  
 6 maintained my dean's list average that  
 7 whole time and attended there on a  
 8 scholarship.  
 9 I stayed in the local area  
 10 subsequent to my graduation for about  
 11 three years, due to family medical  
 12 situations.  
 13 Q. And what did you do after  
 14 you graduated from Penn State?  
 15 A. I worked, as I said, in the  
 16 local area there. [REDACTED] was ill, so I  
 17 worked as a manager for a local retail  
 18 department store.  
 19 Q. And how long did you do  
 20 that?  
 21 A. For three years.  
 22 Q. And what did you do after  
 23 that?  
 24 A. I relocated to Harrisburg in

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1 1980.  
 2 During the time of helping  
 3 my mom to navigate through her condition,  
 4 I became really interested in  
 5 pharmaceuticals, and education in  
 6 particular. My [REDACTED] was a  
 7 pharmacist, training at Duquesne. She  
 8 stayed with us during the summers, and  
 9 she had a very positive influence on me.  
 10 And then again, seeing the  
 11 turnaround in my mom, once she was able  
 12 to be treated adequately, I was really --  
 13 my interest was piqued by  
 14 pharmaceuticals.  
 15 So where I lived, there were  
 16 no pharmaceutical companies nor  
 17 opportunities for really advancing in  
 18 that area. So I relocated to Harrisburg,  
 19 which was close enough to be available  
 20 for [REDACTED] but yet a  
 21 little bit of an area for better  
 22 opportunities.  
 23 I worked first for Marriott  
 24 and then Kaiser Roth as I was

<p style="text-align: right;">Page 42</p> <p>1 identifying, through an employment  2 agency, an opportunity to get into  3 pharmaceuticals.  4 I joined Schering  5 Pharmaceuticals ophthalmic division, and  6 that was in 1984. And I stayed with  7 Schering until 1986, when I joined DuPont  8 Pharmaceuticals, which was the parent  9 company for Endo.  10 Q. And what did you do at  11 Schering?  12 A. At Schering, I was the  13 regional representative for their contact  14 lenses and ophthalmic solutions.  15 Q. Is that a sales -- a sales  16 position?  17 A. It was sales related, yes.  18 Q. And what did you do as a  19 regional representative for Schering?  20 A. I would be in touch with the  21 ophthalmologists and the optometrists in  22 the area. Wesley-Jessen was the research  23 arm of the company that had developed the  24 first soft contact lenses. And so my job</p>	<p style="text-align: right;">Page 44</p> <p>1 clinical liaison. Over the course of the  2 years they called them different things,  3 clinical liaisons, medical science  4 liaisons, basically, field-based medical  5 people.  6 I served as a senior  7 clinical liaison and then manager of the  8 clinical liaisons during my time there at  9 DuPont.  10 In 1980, DuPont entered into  11 a joint venture with Merck  12 Pharmaceuticals. And so the company name  13 changed from DuPont Pharma to DuPont  14 Merck Pharmaceuticals.  15 And at DuPont Merck, my  16 responsibilities were an associate  17 director -- in an associate director  18 capacity there.  19 Q. And going back to your role  20 as a regional trainer at DuPont, what  21 were your responsibilities there?  22 A. We did the disease state  23 training for the sales representatives.  24 So when DuPont hired</p>
<p style="text-align: right;">Page 43</p> <p>1 was to explain the different types of  2 contact lenses and ophthalmic solutions  3 that were available to optometrists and  4 ophthalmologists.  5 Q. And was your compensation  6 related -- did you receive --  7 A. A salary. It was a salaried  8 position.  9 Q. Thank you.  10 Did you receive any  11 incentive compensation?  12 A. You know, it was a really  13 long time ago, and I don't recall.  14 Q. And then in 1986 you went to  15 DuPont; is that correct?  16 A. Let's see.  17 Yes, 1986, I went to DuPont.  18 And the -- as I said, that was the parent  19 company for Endo.  20 While I was at DuPont, I  21 served in various capacities. I was  22 there from '86 until '97. And so I  23 served in the capacity as a regional  24 trainer. I served in the capacity as a</p>	<p style="text-align: right;">Page 45</p> <p>1 representatives, they would be -- you  2 know, you would go through an orientation  3 period when they needed to get up to  4 speed on the therapeutic area that they  5 would be working in. And they always  6 tried to use medical folks from clinical  7 affairs to assist the sales training  8 folks.  9 Q. And what type of disease  10 training were you teaching the sales  11 reps?  12 A. It was -- I'm trying to  13 think of that period of time.  14 It was primarily pain  15 management, to the best of my  16 recollection.  17 Q. And after you moved on to be  18 a clinical liaison field-based person,  19 what were your responsibilities in that  20 position?  21 A. Sure. And, again, for  22 clinical liaison, senior clinical liaison  23 and manager of the liaisons, it was a  24 progression through the department there.</p>

<p style="text-align: right;">Page 46</p> <p>1 So we were responsible for  2 being the R&amp;D side of the business's  3 contact with, for example, the national  4 professional organizations, with the  5 national patient advocacy organizations,  6 the therapeutic experts in that -- the  7 disease state, you know, pain management,  8 and interacting with those folks on a  9 day-to-day basis.</p> <p>10 Q. And which national  11 professional organizations did you  12 interact with during your time at DuPont?</p> <p>13 A. Well, of course, over the  14 years again, all of the pain  15 organizations, you know, the national  16 ones, the American Pain Society; the  17 American Academy of Pain Management; the  18 American Academy of Pain Medicine; the  19 Oncology Nursing Society; the American  20 College of Physicians, which is the  21 internal medicine group; the American  22 Academy of Family Physicians.</p> <p>23 All of the -- pain is  24 ubiquitous to all of the professions and</p>	<p style="text-align: right;">Page 48</p> <p>1 interacted -- again, I'm going to,  2 you know, not state the year, just  3 because I really am not clear on  4 that.</p> <p>5 But during the time between  6 DuPont and Endo, when the American  7 Pain Foundation -- and there was  8 actually another one, it was the  9 National Pain Foundation as well.</p> <p>10 And so during that period of  11 time, I was one of the company's  12 R&amp;D points of contact with those  13 organizations. So I did interact  14 with them on a regular basis.</p> <p>15 I just -- I'm sorry that I  16 can't be more clear on what exact  17 year that was.</p> <p>18 BY MS. AMINOLROAYA:  19 Q. Thank you.</p> <p>20 A. And so in -- you were asking  21 me about my time at DuPont, and I cut off  22 my -- my explanation there a little  23 prematurely.</p> <p>24 So I was -- I was in my role</p>
<p style="text-align: right;">Page 47</p> <p>1 so, you know, all of the professional  2 organizations were involved in that area.</p> <p>3 Q. And which national patient  4 advocacy organizations did you interact  5 with during your time at DuPont?</p> <p>6 A. And I'm trying to think.</p> <p>7 So, let's see. DuPont was  8 through 19 -- I want to say -- I  9 shouldn't speculate. But I believe the  10 national organizations at that time  11 included folks like the American Cancer  12 Society, the American Chronic Pain  13 Association, ACPA. I believe that the  14 American Pain Foundation was established,  15 you know, some time between DuPont, my  16 DuPont responsibilities and Endo, and I  17 just don't recall the exact timing of  18 that, I'm sorry.</p> <p>19 Q. Did you begin to interact  20 with the American Pain Foundation when it  21 started as an organization?</p> <p>22 MR. DAVIS: Objection to  23 form.</p> <p>24 THE WITNESS: I</p>	<p style="text-align: right;">Page 49</p> <p>1 at DuPont in the clinical liaison  2 capacity, in the senior clinical liaison  3 capacity until -- until I became the  4 associate director under the DuPont  5 Merck, when that became a joint venture.</p> <p>6 At that point in time, they  7 expanded into some other therapeutic  8 areas; there was an HIV therapeutic area,  9 that was a major area of emphasis because  10 it was a pressing public health issue at  11 that time. So I worked in that  12 therapeutic area and began to work with  13 those organizations.</p> <p>14 And that -- I stayed in that  15 capacity until 1997, when a group of  16 senior management from DuPont Merck did a  17 managed buyout and formed Endo  18 Pharmaceuticals.</p> <p>19 So those leaders, including  20 Carol Ammon, were the genesis of the  21 current-day Endo. And their interest and  22 their commitment to pain management, a  23 lot of that stemmed back to Carol's  24 personal experience, which was as a</p>

<p style="text-align: right;">Page 50</p> <p>1 scientist, a research scientist for  2 DuPont, and then having witnessed her mom  3 suffering prior to her death.  4 And so that was sort of the  5 basis of Endo's commitment to pain  6 management, going back to 1997.  7 Q. You also mentioned that you  8 worked with therapeutic experts during  9 your time at DuPont.  10 Who are some of those  11 experts?  12 A. They would be the same folks  13 who are the therapeutic experts in the  14 acute and chronic pain world at that  15 time. So people like Kathy Foley,  16 Richard Payne, Russ Portnoy, Mack  17 Gallagher, Bob Jamison up at Brigham.  18 Scott Fishman in California. Howard  19 Fields and Michael Robothom.  20 Q. How about Dr. Fine?  21 A. Perry Fine, yes.  22 Q. Dr. Argoff?  23 A. Charles Argoff, yes.  24 Again, there's a nice number</p>	<p style="text-align: right;">Page 52</p> <p>1 time was twofold. One, to establish Endo  2 in the pain management field, because  3 prior to that time, again, everyone knew  4 Dupont or DuPont Merck. And so Endo was  5 now a freestanding entity.  6 And then also to develop and  7 support education and resources in the  8 pain management area.  9 Q. And what was your role when  10 you started at Endo?  11 A. I was -- I can't recall if I  12 still had my associate director title,  13 because I had just left DuPont, or if I  14 got a director's position, you know, in  15 taking the new responsibilities.  16 Q. Fair.  17 A. And then over the duration  18 of my time at Endo, from 1998 until  19 retirement in 2014, I served in the, I'll  20 call it the medical affairs/clinical  21 affairs/clinical development and  22 education department, because the name,  23 you know, changed as different vice  24 presidents came in to the organization</p>
<p style="text-align: right;">Page 51</p> <p>1 of national therapeutic experts there.  2 So I was doing my best to recall them  3 offhand.  4 Q. And during this time, did  5 you obtain any additional degrees?  6 A. No, I did not. I took  7 additional coursework, but I have -- I  8 still have my goal of, when I really  9 retire, of getting an advanced degree.  10 But right now, family situations are  11 dominating, so --  12 Q. Thank you.  13 Now, you started at Endo in  14 1997; is that right?  15 A. I -- actually, the -- Endo,  16 the company, was formed in 1997, right  17 around Thanksgiving. And I started  18 January of 1998. So about two months  19 after the company's inception.  20 And it was a very -- a very  21 small organization at that time. I  22 think -- I forget, I was employee number  23 40, or something like that.  24 And my role there at that</p>	<p style="text-align: right;">Page 53</p> <p>1 and as the organization realigned a bit.  2 But I was a -- first a  3 director, and then a senior director for  4 them. And my responsibilities there  5 were, at that time, threefold.  6 First of all, I was  7 responsible for building and managing a  8 team of medical science liaisons. We  9 call them clinical liaisons, but  10 nonetheless, MSLs, basically. That was  11 one responsibility.  12 Secondly, I, again, had the  13 responsibilities as the R&amp;D primary point  14 of contact with the national professional  15 organizations and the national patient  16 advocacy groups.  17 And then, thirdly, I oversaw  18 the independent continuing education for  19 the company. So by that point in time,  20 my emphasis was not just education, per  21 se, you know, broadly, but independent  22 education and assuring that all of the  23 education that we did was compliant with  24 the regulatory guidelines that FDA and</p>

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1 the CE community and OIG had established.  
2 And part of that -- part of  
3 that independent CE was the educational  
4 work that I oversaw for the Endo RiskMAP,  
5 which was the predecessor for the REMS.  
6 And then once the ERLA  
7 opioid REMS was issued, I was -- oversaw  
8 the educational aspects, the independent  
9 educational aspects of the REMS for Endo.  
10 Q. And were you responsible for  
11 any particular drugs during your time at  
12 Endo?  
13 A. Across the board; whatever  
14 our therapeutic areas were, the -- so if  
15 it was, for example, neuropathic pain, if  
16 it was extended-release opioids,  
17 immediate-release opioids that would be  
18 used more for acute pain or breakthrough  
19 pain, topical analgesics that were used  
20 for osteoarthritis or for neuropathic  
21 pain.  
22 So the full scope of our  
23 therapeutic areas. Although, in reality,  
24 because of the REMS responsibilities, the

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1 last few years prior to leaving, the  
2 emphasis was on the, you know,  
3 appropriate pain management and  
4 mitigation of risks associated with  
5 opioid analgesics.  
6 Q. And which extended-release  
7 opioids were you responsible for during  
8 your time at Endo?  
9 MR. DAVIS: Objection to  
10 form.  
11 THE WITNESS: Could you  
12 clarify what you mean "responsible  
13 for"? Because, again, I just  
14 mentioned that all of the whole  
15 area of opioid analgesics, you  
16 know, that therapeutic area was my  
17 responsibility for independent  
18 education.  
19 So I know that Endo had a  
20 number of -- you know, they had  
21 branded opioid analgesics, such as  
22 Opana and Opana ER. They also had  
23 a generic product line.  
24 And to be honest, that

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1 changed quite a number of times.  
2 So, you know, they might have had  
3 extended-release morphine or they  
4 might have had a hydrocodone  
5 compound, et cetera.  
6 But, basically speaking, I  
7 was responsible for the  
8 therapeutic -- education in that  
9 therapeutic area.  
10 - - -  
11 (Whereupon, Endo-Kitlinski  
12 Exhibit-1,  
13 ENDO-OPIOID\_MDL-05967764-774, was  
14 marked for identification.)  
15 - - -  
16 BY MS. AMINOLROAYA:  
17 Q. I'm handing you what's been  
18 marked as Exhibit-1. This is a 1998  
19 mid-year update on goals and objectives,  
20 Linda A. Kitlinski.  
21 Was it typical for you to  
22 compose a mid-year update on goals and  
23 objectives while you were at Endo?  
24 MR. DAVIS: Objection to

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1 form.  
2 Parvin, can we just get the  
3 Bates number on the record here,  
4 please?  
5 MS. AMINOLROAYA: Yes, I'm  
6 sorry. This is Exhibit-1. It's  
7 E1250. Bates Number  
8 ENDO-OPIOID\_MDL-05967764.  
9 THE WITNESS: If I can just  
10 have a minute to take a look  
11 through this?  
12 MS. AMINOLROAYA: Sure.  
13 THE WITNESS: Thank you.  
14 BY MS. AMINOLROAYA:  
15 Q. Ms. Kitlinski, you're  
16 welcome to review the document, but I can  
17 tell you I'm only going to ask about a  
18 few lines on the page.  
19 A. Okay. I'm sorry. Thank  
20 you. I just want to be thoroughly  
21 prepared. I didn't mean to take that  
22 long. If you could repeat your question,  
23 please.  
24 Q. Sure. And you're welcome to

<p style="text-align: right;">Page 58</p> <p>1 look at any part of the document.  2 I'd like to turn your  3 attention to the top of Page 1, which  4 under, Financial performance, says,  5 Achieve or exceed the company's financial  6 goals for 1998 with regards to revenue,  7 variable contribution and cash EBITDA of  8 \$43 million.  9 And then the first bullet --  10 I believe there's a bullet, yes -- that  11 says, Partner with sales and marketing to  12 identify, prioritize and capitalize on  13 educational opportunities which drive  14 attainment of sales quotas, while  15 optimizing resource utilization.  16 Did I read that correctly?  17 A. You did, yes.  18 Q. And does this refresh your  19 recollection as to your responsibilities  20 at the company in 1998?  21 A. It does.  22 And, again, as I mentioned  23 early on when I was just talking about  24 the history, the company was -- in its</p>	<p style="text-align: right;">Page 60</p> <p>1 A. Yes.  2 Q. And what is Percolone?  3 A. Percolone is single-entity  4 Oxycodone. So Percocet was a combination  5 of Oxycodone and acetaminophen. And this  6 was the single entity.  7 At that time, there was a  8 lot of concern in the medical community  9 about the potential toxic effects of  10 acetaminophen, particularly because it  11 was contained not only in prescription  12 medications but in a lot of  13 over-the-counter drugs, that patients  14 inadvertently could take, you know,  15 Tylenol and/or cough/cold preparation  16 that had acetaminophen in it, and,  17 without being aware of it, get to doses  18 that could convey liver toxicity.  19 So the company developed a  20 single-entity product that had the opioid  21 for pain relief without the risk of the  22 liver toxicity.  23 Q. What are Perco variants?  24 A. You know, Perco was</p>
<p style="text-align: right;">Page 59</p> <p>1 early days, there was a very lean  2 organization. The -- as I was reading  3 through here, you can see that there were  4 only two or three people who were active  5 in that -- at that time, besides myself  6 in education.  7 And I want to be very clear  8 about differentiating -- this is not  9 independent education, like CE, for  10 example, which is what my focus became as  11 the company evolved. This was, you know,  12 more an education about appropriate  13 assessment of pain, using a pain rating  14 scale, talking to your physician about  15 pain, providing some resources to -- you  16 know, as educational resources, that type  17 of thing.  18 Q. Let's look at Page 2, Roman  19 Numeral II. It states, Worked with sales  20 and marketing teams to successfully  21 execute the launch/relaunch of Percolone  22 symmetrical tablets, Hycocets and the  23 Perco variants.  24 Did I read that correctly?</p>	<p style="text-align: right;">Page 61</p> <p>1 Percocet. Variants, I don't honestly  2 recall, and I don't want to guess.  3 Q. Is this a reference to the  4 different tablet strengths of Percocet  5 that Endo launched shortly after --  6 MR. DAVIS: Objection.  7 BY MS. AMINOLROAYA:  8 Q. -- you came to the company?  9 MR. DAVIS: Objection to the  10 form.  11 THE WITNESS: It may well  12 be. I truly -- I know what Perco  13 is. But that term "variants" is  14 just not sticking with me, I'm  15 sorry. That was, you know, 21  16 years ago.  17 BY MS. AMINOLROAYA:  18 Q. Did the company launch  19 additional Percocet strengths after the  20 commencement of this new Endo company?  21 MR. DAVIS: Objection to  22 form.  23 THE WITNESS: I know that  24 over the course of the years there</p>

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1 were different strengths of  
2 Percocet. But I don't recall the  
3 details of when they were launched  
4 or, you know, what was -- whether  
5 that occurred while they were Endo  
6 or while they were still, you  
7 know, part of DuPont.  
8 BY MS. AMINOLROAYA:  
9 Q. The first bullet here  
10 states, Drive Percolone's market share  
11 among single-entity Oxycodones through  
12 contacts with the pain community and  
13 discussions at national/regional  
14 conventions.  
15 In parenthesis it says,  
16 Second quarter 1998.  
17 Does this refresh your  
18 recollection as to your responsibilities  
19 at the company in 1998?  
20 A. At that time, yes.  
21 And as I -- you know, as I  
22 said earlier, part of my  
23 responsibility -- well, part of -- to be  
24 frank, part of everyone's responsibility

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1 at a startup company like that is to  
2 drive revenues so that the company exists  
3 and can grow.  
4 And so part of my  
5 responsibility, until the R&D  
6 organization was formed, because, at that  
7 time, there was no R&D organization, was  
8 to generate awareness of Endo in the pain  
9 therapeutic area and to make clinicians  
10 aware of the line of pain products that  
11 Endo manufactured.  
12 And I'll just say that I  
13 look at this language now about driving  
14 sales and market share, and it sort of --  
15 it is absolutely not consistent with  
16 what, you know, my role evolved to over  
17 the course of the years with the company.  
18 But at the time I wrote  
19 these objectives, I had just joined the  
20 organization. And I was mirroring the  
21 language of the people in the -- you  
22 know, I was only sort of R&D -- soon to  
23 be R&D person in this group, so I was  
24 modeling my objectives, you know, as a

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1 newcomer, after what the organization's  
2 objectives were at that time.  
3 MS. AMINOLROAYA: Move to  
4 strike.  
5 BY MS. AMINOLROAYA:  
6 Q. Turn to Page 3, please.  
7 Roman Numeral III states,  
8 Maximize return on current product lines  
9 and prepare for future products.  
10 The first bullet there  
11 states, Accelerate the expansion of  
12 Endo's branded pain management market  
13 through focused educational and Phase IV  
14 initiatives. Assure integrated  
15 strategy/programs (second through fourth  
16 quarter 1998).  
17 Did I read that correctly?  
18 A. Yes.  
19 Q. Does this refresh your  
20 recollection as to your responsibility  
21 for accelerating the expansion of Endo's  
22 branded pain management products?  
23 MR. DAVIS: Objection to  
24 form.

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1 THE WITNESS: Yes. And,  
2 again, as I said, part of my  
3 responsibilities at that time was  
4 to make the clinicians aware of  
5 what Endo's analgesic offerings  
6 were and to, you know, support  
7 education relevant to that.  
8 BY MS. AMINOLROAYA:  
9 Q. And under the first hyphen  
10 under the bullet, it says, Have secured  
11 placement of strategically focused  
12 educational programs at the following  
13 national/regional conferences: American  
14 Pain Society.  
15 Is that one of the ways that  
16 you accelerated the expansion of Endo's  
17 branded pain management?  
18 MR. DAVIS: Objection to  
19 form.  
20 THE WITNESS: One of the  
21 ways that we familiarized the pain  
22 community with Endo as a -- again,  
23 a newcomer to this therapeutic  
24 area, was to assure that there was

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1 education that was appropriate for  
2 these national meetings.  
3 Some of them were product  
4 theater-type things. Some of them  
5 might have been just supporting --  
6 you know, a sponsorship for the  
7 conference in general. And just,  
8 basically, making sure that folks  
9 had pain as a therapeutic area on  
10 their radar screen for education  
11 and identifying what the unmet  
12 needs were there.  
13 BY MS. AMINOLROAYA:  
14 Q. To be clear, the bullet here  
15 states, Accelerate expansion of Endo's  
16 branded pain management market, correct?  
17 A. Uh-huh.  
18 Q. And what is branded pain  
19 management?  
20 A. At the time, it was  
21 Percocet, Percolone. There was something  
22 else on that previous page we just looked  
23 at. Oh, and Hycocet, which was a  
24 hydrocodone/acetaminophen variation.

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1 MR. DAVIS: Parvin, it's  
2 been about an hour. I don't know  
3 if you want to go into that one or  
4 take a break now. I don't know  
5 how much you have.  
6 MS. AMINOLROAYA: No, that's  
7 fine. Let's take a break.  
8 VIDEO TECHNICIAN: Going off  
9 the record. The time is 10:07  
10 a.m.  
11 - - -  
12 (Whereupon, a brief recess  
13 was taken.)  
14 - - -  
15 VIDEO TECHNICIAN: We are  
16 back on the record. The time is  
17 10:20 a.m.  
18 BY MS. AMINOLROAYA:  
19 Q. Welcome back, Ms. Kitlinski.  
20 We just took a short break. We're back  
21 on the record.  
22 I'm going to hand you what's  
23 being marked as Exhibit-2.  
24 - - -

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1 (Whereupon, Endo-Kitlinski  
2 Exhibit-2,  
3 ENDO-OPIOID\_MDL-03258200-202, was  
4 marked for identification.)  
5 - - -  
6 MS. AMINOLROAYA: Bates  
7 number ENDO-OPIOID\_MDL-03258200.  
8 And E1251.  
9 THE WITNESS: Thank you.  
10 BY MS. AMINOLROAYA:  
11 Q. This is your clinical  
12 development and education, 1999  
13 objectives, correct?  
14 A. Yes.  
15 Q. And if you take a look at  
16 the document, I'm only going to ask you  
17 about two sections.  
18 Ms. Kitlinski, on Page 1 of  
19 the document, under financial --  
20 MR. DAVIS: Are you through  
21 looking at it, Linda?  
22 THE WITNESS: May I have  
23 just one more second? I have one  
24 more section to take.

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1 MS. AMINOLROAYA: Sure. I  
2 can tell you I'm not going to ask  
3 you about Section 6, if that's  
4 what you're looking at.  
5 THE WITNESS: That's what I  
6 was looking at.  
7 BY MS. AMINOLROAYA:  
8 Q. Under, Financial  
9 performance, Roman Numeral I, it's the  
10 second bullet there under your 1999  
11 objectives, Partner with sales and  
12 marketing to identify, prioritize and  
13 capitalize on educational opportunities  
14 which drive attainment of sales quotas  
15 while optimizing source utilization.  
16 A. Yes.  
17 Q. Is that the second bullet in  
18 your 1999 objectives?  
19 A. Yes, it is.  
20 Q. And moving on to Roman  
21 Numeral II.  
22 Is Roman Numeral II in your  
23 1999 objectives for clinical development  
24 and education, Work with sales and

<p style="text-align: right;">Page 70</p> <p>1 marketing teams to successfully launch  2 Zydene, Percocet 2.5 milligrams, Percocet  3 5 milligram blue, Percocet 7.5 milligram,  4 Percocet 10 milligram, and the Lidocaine  5 patch?  6 A. Yes.  7 And then you can see under  8 that the types of initiatives that  9 supported that overall objective.  10 Q. Is one of those initiatives  11 supporting launches of Endo's new  12 products through a combination of  13 premarketing initiatives, educational  14 programs and Phase IV study placement  15 during the first or fourth quarters of  16 1999?  17 A. Yes.  18 Q. And is another initiative,  19 it's Bullet Number 6, under the first  20 bullet, Develop and/or expand  21 relationships with national professional  22 organizations related to newly launched  23 products, e.g., VZV, APS, IASP, et  24 cetera?</p>	<p style="text-align: right;">Page 72</p> <p>1 pain management market through focused  2 educational initiatives and support of  3 strategic professional organizations?  4 A. Yes.  5 Q. Moving to Page 3, under  6 Roman Numeral V.  7 Is Roman Numeral V of your  8 1999 objectives at Endo, Enhance Endo's  9 image by emphasizing our commitment to  10 pain management with the pain community,  11 professional organizations, physicians  12 and pharmacists?  13 A. Yes.  14 Q. And is Number 3 under that  15 objective -- or is the third initiative  16 under that objective, Working with  17 marketing team, marketing/PR agencies and  18 professional organizations to promote our  19 corporate pain leadership role?  20 A. Yes.  21 Q. And is the fourth initiative  22 in support of this objective, Collaborate  23 with sales and marketing to increase  24 visibility and sponsored events at</p>
<p style="text-align: right;">Page 71</p> <p>1 A. Yes.  2 Q. And is APS a reference to  3 the American Pain Society?  4 A. That's correct.  5 Q. And is the next initiative,  6 Utilize strategic educational program  7 placement and one-on-one discussions with  8 the pain community at national/regional  9 conferences to increase awareness of  10 Endo's newly launched products?  11 A. Yes.  12 Q. Turn with me to Page 2,  13 please.  14 And Roman Numeral III of  15 your 1999 objectives at Endo, is it,  16 Maximize corporate return on corporate  17 product lines -- excuse me -- on current  18 product lines and seek/support new  19 product initiatives?  20 A. Yes.  21 Q. And was one of the  22 initiatives to support this objective,  23 Continue to expand the pain community's  24 familiarity with Endo's commitment to</p>	<p style="text-align: right;">Page 73</p> <p>1 appropriate conventions and conferences?  2 A. Yes.  3 Q. You can set this document  4 aside.  5 Ms. Kitlinski, I'm handing  6 you what's been marked as Exhibit-3.  7 ENDO-Opioid_MDL 02344002 and E256.  8 - - -  9 (Whereupon, Endo-Kitlinski  10 Exhibit-3,  11 ENDO-OPIOID_MDL-02344002, with  12 attachment, was marked for  13 identification.)  14 - - -  15 BY MS. AMINOLROAYA:  16 Q. And this document was  17 produced in native format, so that's the  18 cover sheet you're seeing.  19 This is the CD&amp;E, that's  20 clinical development and education -- the  21 department you were director of in 2000?  22 A. Yes.  23 Q. -- CD&amp;E: The critical  24 connection for success in 2000 and</p>

<p style="text-align: right;">Page 74</p> <p>1 beyond.</p> <p>2 Page 6 states, 2000: CD&amp;E</p> <p>3 objectives, correct?</p> <p>4 A. May I just have a few</p> <p>5 moments to look through this, please?</p> <p>6 Q. Yes.</p> <p>7 A. Thank you.</p> <p>8 Q. Ms. Kitlinski, just to help</p> <p>9 us move along, I can tell you the pages</p> <p>10 we're going to look at together --</p> <p>11 A. All right. Thank you.</p> <p>12 Q. -- if that's helpful.</p> <p>13 We're going to look at Pages</p> <p>14 6, 11 and 13.</p> <p>15 A. All right.</p> <p>16 When you say "6," you're</p> <p>17 referencing this number right up here?</p> <p>18 Q. Yes, the E number.</p> <p>19 A. Okay. 6, 11 and 13.</p> <p>20 Okay.</p> <p>21 Q. Turning to Page 6, was one</p> <p>22 of the 2000 objectives for CD&amp;E to,</p> <p>23 Attain and exceed financial objectives</p> <p>24 for promoted products?</p>	<p style="text-align: right;">Page 76</p> <p>1 MR. DAVIS: Objection to</p> <p>2 form.</p> <p>3 THE WITNESS: Yes.</p> <p>4 BY MS. AMINOLROAYA:</p> <p>5 Q. And was another strategy of</p> <p>6 CD&amp;E, in the year 2000, to, Utilize new</p> <p>7 JCAHO standards as impetus to establish</p> <p>8 pain management as a priority with PCPs,</p> <p>9 RPHs and neuros?</p> <p>10 A. Yes.</p> <p>11 Q. And what are PCPs? What</p> <p>12 does that stand for?</p> <p>13 A. Primary care providers,</p> <p>14 physicians generally, sometimes nurse</p> <p>15 practitioners and PAs.</p> <p>16 Q. You can set that aside.</p> <p>17 Actually, I'm sorry, if you</p> <p>18 pull that back out again, E256.</p> <p>19 MR. DAVIS: Exhibit-3?</p> <p>20 MS. AMINOLROAYA: Exhibit-3,</p> <p>21 yes.</p> <p>22 BY MS. AMINOLROAYA:</p> <p>23 Q. And turn to Page 15.</p> <p>24 Were other tactics of CD&amp;E,</p>
<p style="text-align: right;">Page 75</p> <p>1 A. Yes. It was everyone's in</p> <p>2 the company's objective.</p> <p>3 Q. And your promoted products</p> <p>4 in 2000 included Percocet?</p> <p>5 A. All of the company's</p> <p>6 products were -- branded products were</p> <p>7 promoted at that time.</p> <p>8 Q. And was another objective in</p> <p>9 2000 of CD&amp;E to, Expand usage of current</p> <p>10 products by developing and leveraging</p> <p>11 current strategic relationships -- excuse</p> <p>12 me -- expand usage of current products by</p> <p>13 developing and leveraging strategic</p> <p>14 relationships and alliances?</p> <p>15 A. Yes.</p> <p>16 Q. Turning to Page 13, were</p> <p>17 strategies of clinical development and</p> <p>18 education, Leveraging strategic alliances</p> <p>19 and relationships to expand utilization</p> <p>20 of current product line?</p> <p>21 A. Yes.</p> <p>22 Q. Expand awareness and usage</p> <p>23 of Percos and Zydane through acute pain</p> <p>24 initiatives?</p>	<p style="text-align: right;">Page 77</p> <p>1 in 2000, to, Establish Endo as a leader</p> <p>2 in the field of pain management?</p> <p>3 MR. DAVIS: Objection to</p> <p>4 form.</p> <p>5 THE WITNESS: Yes.</p> <p>6 BY MS. AMINOLROAYA:</p> <p>7 Q. And are initiatives for this</p> <p>8 objective listed beneath that?</p> <p>9 A. Yes.</p> <p>10 Q. And is APS guideline project</p> <p>11 and implementation committee one of the</p> <p>12 initiatives listed here as a way to</p> <p>13 fulfill this objective?</p> <p>14 MR. DAVIS: Objection to</p> <p>15 form.</p> <p>16 THE WITNESS: Yes.</p> <p>17 BY MS. AMINOLROAYA:</p> <p>18 Q. And APS is a reference to</p> <p>19 the American Pain Society?</p> <p>20 A. Correct.</p> <p>21 - - -</p> <p>22 (Whereupon, Endo-Kitlinski</p> <p>23 Exhibit-4,</p> <p>24 ENDO-OPIOID_MDL-06234663, was</p>

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1 marked for identification.)  
2 - - -  
3 BY MS. AMINOLROAYA:  
4 Q. I'm handing you what's been  
5 marked as Exhibit-4. It's  
6 ENDO-OPIOID\_MDL\_06234663. And it's E1265.  
7 A. Excuse me, can we put this  
8 one on the side?  
9 Q. You can put it on the side  
10 for now, yes. But keep it close by, we  
11 may come back to it.  
12 A. Sure.  
13 Q. Is this a note from the  
14 clinical development and education  
15 department at Endo regarding PER Number  
16 11018-American Pain Society?  
17 A. Yes.  
18 Q. And what is a PER?  
19 A. A PER stands for  
20 professional education request. It's  
21 sort of the forum on which organizations  
22 and institutions submit grants.  
23 Q. And so is this related to  
24 the submission -- or the -- was this a

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1 response to a grant request from the  
2 American Pain Society?  
3 A. Yes.  
4 Q. And was Endo's response --  
5 or, strike that.  
6 Was the agreement that Endo  
7 provided to APS here under the third  
8 bullet, CD&E will sit on the founding  
9 members' guideline committee and provide  
10 input into topics for guideline  
11 development, as well as suggestions of  
12 clinicians for participation in the  
13 guideline development process, methods of  
14 dissemination/adoption, et cetera?  
15 MR. DAVIS: Objection to  
16 form.  
17 THE WITNESS: Yes.  
18 BY MS. AMINOLROAYA:  
19 Q. You can answer.  
20 And as a founding member of  
21 the guideline committee, would Endo be  
22 entitled to access/distribute copies of  
23 the guidelines through CD&E?  
24 MR. DAVIS: Objection to the

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1 form.  
2 THE WITNESS: Yes.  
3 BY MS. AMINOLROAYA:  
4 Q. And in response to the  
5 American Pain Society's proposal, did  
6 Endo commit to provide \$25,000 to the  
7 guideline development process?  
8 A. I don't recall that myself  
9 at this moment, but that's what the memo  
10 states. So that would be reflected.  
11 Q. Thank you. You can set this  
12 aside.  
13 MS. AMINOLROAYA: I'm  
14 handing you what's been marked as  
15 ENDO-OPIOID\_MDL -- I'm handing you  
16 Exhibit-5, which has been marked  
17 as ENDO-OPIOID\_MDL-01139611 and  
18 E244.  
19 - - -  
20 (Whereupon, Endo-Kitlinski  
21 Exhibit-5,  
22 ENDO-OPIOID\_MDL-01139611, with  
23 attachment, was marked for  
24 identification.)

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1 - - -  
2 THE WITNESS: Excuse me, is  
3 there a date on this, to your  
4 knowledge?  
5 BY MS. AMINOLROAYA:  
6 Q. There isn't a date on the  
7 document, but I'll represent to you that  
8 the document is from October of 2005.  
9 The metadata for this document identifies  
10 that -- the date as October 2005.  
11 MR. DAVIS: Which date from  
12 metadata? Date created? Last  
13 edited?  
14 MS. AMINOLROAYA: The doc  
15 date field of the document  
16 reflects that the date is October  
17 2005.  
18 MR. DAVIS: Thank you.  
19 THE WITNESS: Excuse me, is  
20 there a box of tissues nearby  
21 anywhere?  
22 - - -  
23 (Whereupon, a discussion off  
24 the record occurred.)

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1                   - - -

2 BY MS. AMINOLROAYA:

3       Q.   And, Ms. Kitlinski, I know

4 there are a lot of pages in this

5 document.

6       A.   Sure.

7       Q.   To help us out here and to

8 help us move along, I can tell you I'm

9 only going to ask you questions about one

10 page, and that's Page 15, that's E244.15

11       And this is a 2005 document.

12 Again, you would agree with me, Ms.

13 Kitlinski, that by 2005, the CD&E

14 strategy to drive sales for Percocet had

15 worked?

16       MR. DAVIS: Objection to

17 form.

18       THE WITNESS: I'm sorry, I'm

19 not sure what you're referring to

20 here.

21 BY MS. AMINOLROAYA:

22       Q.   Sure.

23       You would agree with me that

24 by 2005, Endo acknowledged that the CD&E

Page 83

1 strategy to drive sales of Percocet had

2 worked?

3       MR. DAVIS: Objection to

4 form.

5       THE WITNESS: The Endo

6 strategy, by 2005, they had a

7 sales force. And it was the

8 responsibility of the sales and

9 marketing organization to drive

10 the sales of Percocet.

11       I'm not -- I'm not sure

12 where the -- what the source of

13 this data is. But I suspect --

14 well, I'm not sure the source of

15 this data.

16       But by 2005, it was the

17 sales representatives and the, you

18 know, commercial organization that

19 was driving the sales of Percocet.

20 BY MS. AMINOLROAYA:

21       Q.   Is this data --

22       MS. AMINOLROAYA: Move to

23 strike.

24 BY MS. AMINOLROAYA:

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1       Q.   Is Endo describing its work

2 with -- or its sales of Percocet here

3 as -- or its role in the sale of Percocet

4 as the company that built Percocet, here

5 on Page 15?

6       MR. DAVIS: Objection to

7 form.

8       THE WITNESS: You know, I

9 don't -- this presentation looks

10 like it's from --

11 BY MS. AMINOLROAYA:

12       Q.   I'm asking about Page 15.

13       A.   No, I know that. But it's

14 relevant as to whose presentation this

15 is.

16       Jeremy Goldberg was the

17 corporate development person up front,

18 but then I had seen someone else's name

19 prior to Page 15, and it was not CD&E or

20 me.

21       Q.   Ms. Kitlinski, my question

22 is, in 2005, did Endo describe itself as

23 the company that built Percocet?

24       MR. DAVIS: Objection to

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1 form.

2       THE WITNESS: I have no

3 recollection of having seen that

4 verbiage before. It's here in

5 this slide from Mark Gossett, who

6 was the senior vice president of

7 the commercial business, but I

8 haven't seen that before.

9 BY MS. AMINOLROAYA:

10       Q.   And if you look at Page 15

11 with me, have Percocet prescriptions

12 increased between 1999 and 2001?

13       MR. DAVIS: Objection to

14 form.

15       THE WITNESS: Again, I'm not

16 familiar with the source of this

17 data.

18       And, you know, by that point

19 in time -- well, first of all,

20 even though our generic objective

21 as a company was to drive revenues

22 and sales of our product lines,

23 and each department within the

24 organization contributed to that

<p style="text-align: right;">Page 86</p> <p>1 in an appropriate manner, we had a 2 firewall between -- 3 MS. AMINOLROAYA: Move to 4 strike. You can do this with your 5 counsel, Ms. Kitlinski, on direct 6 examination. 7 BY MS. AMINOLROAYA: 8 Q. My question is, in this 2005 9 document, did Endo describe itself as the 10 company that built Percocet? 11 MR. DAVIS: Objection to 12 form. 13 And I would appreciate it if 14 you let Ms. Kitlinski finish her 15 answers. 16 MS. AMINOLROAYA: I would 17 appreciate it if Ms. Kitlinski 18 would answer my questions. The 19 question is yes or no. 20 THE WITNESS: I'm sorry, I 21 was trying to -- but I'm not 22 familiar with this language or 23 this data. And I have never seen 24 this presentation before, so I</p>	<p style="text-align: right;">Page 88</p> <p>1 strategy, in the year 2000, was to expand 2 awareness and usage of Percos? 3 MR. DAVIS: I'm sorry, which 4 exhibit? 5 MS. AMINOLROAYA: 256. 6 MR. DAVIS: Is that 7 Exhibit-3? 8 MS. AMINOLROAYA: Exhibit-3. 9 MR. DAVIS: Which page? 10 MS. AMINOLROAYA: Page 13. 11 It's on the screen. 12 MR. DAVIS: Here you go. 13 THE WITNESS: Thank you. 14 Yes, that was a 2000 15 strategy, to expand awareness and 16 usage of the branded analgesic 17 products through acute pain 18 initiatives. 19 BY MS. AMINOLROAYA: 20 Q. And in the year -- in 2001, 21 were prescriptions of Percocet, according 22 to Exhibit -- or E244.15, in 2001, had 23 prescriptions -- in February of 2001, for 24 example, had prescriptions of Percocet</p>
<p style="text-align: right;">Page 87</p> <p>1 don't know. 2 BY MS. AMINOLROAYA: 3 Q. A few moments ago we looked 4 at documents that stated that the CD&amp;E -- 5 your objective as director of CD&amp;E was to 6 drive sales of Percocet, correct? 7 MR. DAVIS: Objection to 8 form. 9 THE WITNESS: One of the 10 objectives of the CD&amp;E department 11 at that time, which was in 1997 12 and 1998, was to contribute to 13 those aspects that we read off the 14 bullet points. 15 And this is -- this is a 16 document from 2005. So there were 17 other individuals who had the 18 primary responsibility, on the 19 commercial side of the business, 20 for doing so. 21 BY MS. AMINOLROAYA: 22 Q. And if we look at the 23 document we were just looking at, 256, 24 Page 13, you would agree that a CD&amp;E</p>	<p style="text-align: right;">Page 89</p> <p>1 increased over November 2000? 2 MR. DAVIS: Objection to 3 form. 4 THE WITNESS: Again, I don't 5 know the source of this data. I 6 presume it's from the sales force 7 and IMS or whoever they were 8 purchasing data from. 9 So I'm not familiar with it. 10 And it wouldn't be appropriate for 11 me to speculate on that, because 12 that was not my primary 13 responsibility. 14 BY MS. AMINOLROAYA: 15 Q. Setting that aside, does 16 this document reflect that there are more 17 prescriptions of Percocet in February 18 2001 than there were in November of 2001? 19 MR. DAVIS: Objection to 20 form. 21 THE WITNESS: In February of 22 2001 compared to November of 2000, 23 is that what you just said? 24 BY MS. AMINOLROAYA:</p>

Page 90

1 Q. Yes.  
2 A. Again, I --  
3 Q. Yes or no?  
4 MR. DAVIS: Objection to  
5 form. Please don't interrupt her  
6 answers.  
7 THE WITNESS: I mean, the  
8 bars -- I don't know what  
9 specifically the source of the  
10 data is or what it's referring to.  
11 The two bars that you're talking  
12 about, November 2000 and February  
13 2001, look very comparable. And I  
14 don't know what the standard  
15 deviations or the confidence  
16 intervals are.  
17 So I am trying to answer it,  
18 but I just am not familiar with  
19 this data. I'm sorry.  
20 BY MS. AMINOLROAYA:  
21 Q. So you're telling us that  
22 you cannot, looking at this data, for  
23 example, looking at August 2001, you  
24 cannot tell us whether there are more

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1 prescriptions for Percocet in August 2001  
2 than there were in May of 2000?  
3 MR. DAVIS: Objection to  
4 form.  
5 THE WITNESS: Well, the  
6 legend is off the axis here. What  
7 is this on the sidebar? Can you  
8 read that?  
9 BY MS. AMINOLROAYA:  
10 Q. This is how the document was  
11 produced to us by your former employer.  
12 A. I'm sorry. I don't know  
13 what that refers to, then.  
14 Q. I can suggest it likely  
15 refers to TRx.  
16 Are you familiar with the  
17 concept of TRx?  
18 MR. DAVIS: Objection to  
19 form.  
20 THE WITNESS: TRx? No.  
21 BY MS. AMINOLROAYA:  
22 Q. I'll represent to you that  
23 this refers to prescriptions of Percocet.  
24 MR. DAVIS: Objection to

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1 form.  
2 BY MS. AMINOLROAYA:  
3 Q. You're telling the jury that  
4 looking at this document you can't tell  
5 us whether there were more prescriptions  
6 of Percocet in August 2001 than there  
7 were in May of 2000, Ms. Kitlinski?  
8 MR. DAVIS: Objection to  
9 form.  
10 THE WITNESS: I'm just  
11 saying that I don't -- I'm not  
12 familiar with this data. I didn't  
13 have access to sales data. And  
14 I'm not an expert on sales or  
15 interpreting data.  
16 And so, you know, it would  
17 not be my place to speculate on  
18 what this data says or doesn't  
19 say.  
20 I'm not trying to be  
21 difficult. I'm just identifying  
22 the limitations of what I'm  
23 looking at and the fact that I  
24 have not seen it before and I

Page 93

1 don't know the source of it.  
2 BY MS. AMINOLROAYA:  
3 Q. Ms. Kitlinski, you've worked  
4 in sales since 1986 when you were at  
5 Schering, correct?  
6 MR. DAVIS: Objection to  
7 form.  
8 THE WITNESS: I haven't  
9 worked in sales since 1986 when I  
10 have been at Schering.  
11 I spent a limited period of  
12 time as a sales trainer there,  
13 yes. And I assisted our, you  
14 know, sales training at Endo and  
15 DuPont.  
16 I never worked -- I have  
17 no -- I have no relevant  
18 experience that helps me in  
19 interpreting this.  
20 BY MS. AMINOLROAYA:  
21 Q. All right. Turning back to  
22 256.  
23 MR. DAVIS: Just so the  
24 record is clear, we're talking

<p style="text-align: right;">Page 94</p> <p>1 about Exhibit-3; is that right?</p> <p>2 MS. AMINOLROAYA: Exhibit-3,</p> <p>3 yes. Exhibit E256.</p> <p>4 BY MS. AMINOLROAYA:</p> <p>5 Q. Is another initiative under</p> <p>6 CD&amp;E's 2000 strategies, Support/develop</p> <p>7 initiatives that combat opiophobia?</p> <p>8 A. What page are you on,</p> <p>9 please?</p> <p>10 Q. Page 13.</p> <p>11 A. 13. Thank you.</p> <p>12 MR. DAVIS: Here, look at</p> <p>13 this one, this is the actual</p> <p>14 marked exhibit.</p> <p>15 THE WITNESS: Thank you.</p> <p>16 Okay.</p> <p>17 BY MS. AMINOLROAYA:</p> <p>18 Q. Was another strategy that</p> <p>19 CD&amp;E listed in their 2000 strategies,</p> <p>20 Support/develop initiatives that combat</p> <p>21 opiophobia?</p> <p>22 MR. DAVIS: Objection to</p> <p>23 form.</p> <p>24 THE WITNESS: Yes.</p>	<p style="text-align: right;">Page 96</p> <p>1 including the black box warnings,</p> <p>2 if people did not have a very</p> <p>3 appropriate concern and fear of</p> <p>4 those potential risks, then they</p> <p>5 could be used inappropriately;</p> <p>6 abuse, misuse, addiction, overdose</p> <p>7 would be rampant more so than it</p> <p>8 might otherwise be. And that</p> <p>9 would be bad for Endo.</p> <p>10 We were -- we are committed</p> <p>11 to having opioids used</p> <p>12 appropriately, and that means in</p> <p>13 those instances where the risk</p> <p>14 outweighs the benefits in the</p> <p>15 clinician's mind.</p> <p>16 MS. AMINOLROAYA: Move to</p> <p>17 strike.</p> <p>18 BY MS. AMINOLROAYA:</p> <p>19 Q. You would agree that on Page</p> <p>20 13, another initiative -- another</p> <p>21 strategy of CD&amp;E, in the year 2000, was</p> <p>22 to use the JCAHO as an impetus to</p> <p>23 establish pain management as a priority</p> <p>24 with primary care physicians?</p>
<p style="text-align: right;">Page 95</p> <p>1 BY MS. AMINOLROAYA:</p> <p>2 Q. And what is opiophobia?</p> <p>3 A. Opiophobia is the ungrounded</p> <p>4 fear of using opioids in any way, shape</p> <p>5 or form, as opposed to the appropriate</p> <p>6 use of opioid analgesics, which requires</p> <p>7 that a clinician would balance the risks</p> <p>8 associated with opioids and the</p> <p>9 anticipated clinical benefits in a given</p> <p>10 patient and make an appropriate decision</p> <p>11 as to whether or not that patient is an</p> <p>12 appropriate candidate for opioids.</p> <p>13 Q. And you would agree that</p> <p>14 fear of opioids is bad for Endo sales?</p> <p>15 MR. DAVIS: Objection to</p> <p>16 form.</p> <p>17 THE WITNESS: I would --</p> <p>18 fear of opioids is not bad for</p> <p>19 Endo sales. If people didn't have</p> <p>20 an appropriate and justified</p> <p>21 concern about the real risks that</p> <p>22 are associated with all opioid</p> <p>23 analgesics and that are spelled</p> <p>24 out in the package insert,</p>	<p style="text-align: right;">Page 97</p> <p>1 A. Absolutely. Pain management</p> <p>2 is -- pain is ubiquitous to virtually</p> <p>3 every disease and health condition across</p> <p>4 the, you know, extent of a person's</p> <p>5 lifetime.</p> <p>6 And so making sure that</p> <p>7 there were appropriate standards for</p> <p>8 assessing pain objectively and making an</p> <p>9 appropriate risk analysis as well,</p> <p>10 whether you are using opioids or whether</p> <p>11 you are choosing nonpharmacologic</p> <p>12 options, whether you are choosing</p> <p>13 nonopioid pharmacology, whether you were</p> <p>14 using multimodal techniques.</p> <p>15 So, absolutely, the joint</p> <p>16 commission standards, which advocated for</p> <p>17 making sure that pain was measured in</p> <p>18 patients, was important.</p> <p>19 MS. AMINOLROAYA: Move to</p> <p>20 strike everything after the word</p> <p>21 "absolutely."</p> <p>22 - - -</p> <p>23 (Whereupon, Endo-Kitlinski</p> <p>24 Exhibit-6,</p>

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1 ENDO-OPIOID\_MDL-04869680-682, was  
2 marked for identification.)  
3 - - -  
4 MS. AMINOLROAYA: You can  
5 put that aside.  
6 THE WITNESS: Thank you.  
7 MS. AMINOLROAYA: I'm  
8 handing you what's been marked as  
9 Exhibit-6. This is  
10 ENDO-OPIOID\_MDL-04869680. E1262.  
11 THE WITNESS: Thank you.  
12 BY MS. AMINOLROAYA:  
13 Q. I just have a few questions  
14 about this page.  
15 A. Sure. If you'll just give  
16 me a moment to read it, I appreciate it.  
17 Thank you for the time to  
18 read that.  
19 Q. On December 12th, 2001, did  
20 Ms. Travers send you and some of your  
21 colleagues at Endo articles regarding  
22 reports of OxyContin abuse?  
23 MR. DAVIS: Objection to  
24 form.

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1 THE WITNESS: Yes. This is  
2 a memo from Deb Travers regarding  
3 those subjects.  
4 BY MS. AMINOLROAYA:  
5 Q. And, in particular, do the  
6 articles -- was she sending you articles  
7 regarding the recent congressional  
8 hearings with Purdue and their marketing  
9 of OxyContin?  
10 A. I'm sorry, I mean, it's  
11 mentioned in here.  
12 When you say is she  
13 particularly sending that?  
14 Q. Was she forwarding you  
15 articles regarding the congressional  
16 hearings that had just taken place  
17 regarding the abuse of OxyContin,  
18 Purdue's OxyContin?  
19 A. I see that the House  
20 Appropriation Subcommittee is mentioned  
21 in here. So that's one of the -- one of  
22 the subjects, yes.  
23 Q. And who is Ms. Travers?  
24 A. What's the time on this?

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1 2001.  
2 Deb Travers was in our  
3 commercial organization. I'm not sure  
4 what her title was at that particular  
5 point in time, but she was in our  
6 commercial organization at Endo.  
7 Q. And did you have occasion to  
8 work with Ms. Travers?  
9 A. Yes.  
10 Q. Was this a regular  
11 occurrence, that you worked with Ms.  
12 Travers?  
13 MR. DAVIS: Objection to  
14 form.  
15 THE WITNESS: I sat on the  
16 risk management subcommittee at  
17 Endo, and as did Deb Travers. And  
18 the committee met on a regular  
19 basis, so all of the departments,  
20 all of the relevant departments,  
21 had representatives at that  
22 committee.  
23 So I worked with her in that  
24 capacity.

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1 BY MS. AMINOLROAYA:  
2 Q. Did you work with her in any  
3 other capacity?  
4 A. When they were developing  
5 the -- you know, prior to the launch of  
6 new products, there would be a  
7 multidisciplinary team from the company  
8 that would work together to identify any  
9 potential issues and, you know, bring  
10 their relative expertise to the table.  
11 Q. And Ms. Travers is  
12 forwarding you these articles regarding  
13 the congressional hearings on Purdue's  
14 abuse of -- abuse of Purdue's OxyContin,  
15 along with other individuals as well,  
16 correct?  
17 A. Yes.  
18 Q. Including Scott Shively.  
19 Who is Scott Shively?  
20 A. Scott Shively was -- again,  
21 I don't recall his exact title, but he  
22 was one of the senior leaders in the  
23 commercial organization.  
24 Q. He was in marketing?

Page 102

1 A. Yes.

2 Q. And Peter Lankau, who was

3 he?

4 A. Peter was -- again, at the

5 time, he was either the CEO or the

6 president of the company. I don't recall

7 which position.

8 Q. So these were reports of

9 congressional hearings about OxyContin

10 abuse. Ms. Travers thought it was of

11 concern or something that the CEO,

12 marketing and David Lee -- who is David

13 Lee?

14 A. David Lee was the vice

15 president of R&D, research and

16 development, at Endo.

17 Q. Ms. Travers was forwarding

18 these articles to the CEO of marketing

19 and yourself?

20 A. It looks as if she copied --

21 it looks as if she -- well, first of all,

22 Peter Lankau copied the commercial

23 organization, the R&D organization, and

24 others in -- other departments at Endo.

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1 So it looks like he was

2 trying to broadly make sure that relevant

3 departments were aware of the situation

4 here that is discussed in this memo, both

5 about Chester County and about the Purdue

6 situation.

7 Q. And you would say -- it's

8 fair to say that you were following

9 reports of these congressional hearings

10 and the attention on Purdue's OxyContin

11 pretty closely?

12 MR. DAVIS: Objection to

13 form.

14 THE WITNESS: Again, that

15 was not my area of responsibility.

16 So I wasn't the individual who

17 would have been following it

18 closely as, for example, another

19 colleague in Endo might have been.

20 I certainly was aware of it.

21 MS. AMINOLROAYA: I'm

22 marking -- I'm handing you what's

23 been marked as Exhibit-7. It's

24 ENDO-OPIOID\_MDL-02002513, and

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1 E270.

2 This is an e-mail from you

3 to Carey Aron and Vin Tormo, dated

4 December 6th, 2001, subject: 3202

5 draft plans for 2002.

6 - - -

7 (Whereupon, Endo-Kitlinski

8 Exhibit-7,

9 ENDO-OPIOID\_MDL-02002513-514, with

10 attachment, was marked for

11 identification.)

12 - - -

13 BY MS. AMINOLROAYA:

14 Q. And I know it's a large

15 document, I'm only going to ask you about

16 the cover and two pages in the document.

17 A. Okay. I'll just read the

18 cover here, and then you can direct me to

19 the two pages.

20 Q. Sounds good. Thank you.

21 A. And the pages you were

22 referencing?

23 Q. I'll direct your attention

24 to -- well, before we go to the page that

Page 105

1 I'm referencing.

2 3202, is that the number

3 that was used for Opana ER internally at

4 the company?

5 A. Yes.

6 Q. So this is -- you're sending

7 draft plans for Opana ER, in late 2001,

8 to Carey Aron and Vin Tormo?

9 A. Yes.

10 Q. And who are Carey Aron and

11 Vin Tormo?

12 A. They were the regional

13 liaisons, one on the West Coast and one

14 in the Midwest, who later became the

15 clinical liaison directors.

16 Q. Were these direct reports of

17 yours?

18 A. Yes.

19 Q. And you write -- you were

20 sending them, here, a brief presentation

21 you made to the Opana ER team on your

22 proposed strategy for 2002?

23 A. That's what the cover memo

24 says. I didn't look at the presentation

<p style="text-align: right;">Page 106</p> <p>1 yet, though.</p> <p>2 Q. Okay. We'll look at that in</p> <p>3 just a second.</p> <p>4 And "our proposed strategy,"</p> <p>5 that's a strategy from CD&amp;E, correct?</p> <p>6 A. Yes.</p> <p>7 Q. And December 2001, that's</p> <p>8 around the time period of the</p> <p>9 congressional hearings and investigations</p> <p>10 into OxyContin's abuse, correct?</p> <p>11 MR. DAVIS: Objection to</p> <p>12 form.</p> <p>13 THE WITNESS: That's</p> <p>14 certainly what that previous</p> <p>15 document had in it as the date. I</p> <p>16 don't -- again, that was 18 years</p> <p>17 ago, and I don't remember the</p> <p>18 exact timing of it.</p> <p>19 But I -- that's what the</p> <p>20 document says. So I'm certain</p> <p>21 that's right.</p> <p>22 BY MS. AMINOLROAYA:</p> <p>23 Q. And that's an issue that was</p> <p>24 definitely on the mind or the focus of</p>	<p style="text-align: right;">Page 108</p> <p>1 document, please.</p> <p>2 This is dated December 1,</p> <p>3 2001. It's CD&amp;E 2002, clinical</p> <p>4 development and education, your</p> <p>5 department.</p> <p>6 And this is the proposed</p> <p>7 strategy that you attached to an e-mail</p> <p>8 to your direct reports for Opana ER.</p> <p>9 MR. DAVIS: Objection to</p> <p>10 form.</p> <p>11 BY MS. AMINOLROAYA:</p> <p>12 Q. Is this an integrated</p> <p>13 strategy for advocacy and development for</p> <p>14 Opana ER and IR?</p> <p>15 A. That's what the document is</p> <p>16 entitled, yes.</p> <p>17 I'll just need a few moments</p> <p>18 to -- is this the section of the document</p> <p>19 you would like --</p> <p>20 Q. Page 63, yes, and 64.</p> <p>21 A. Okay.</p> <p>22 All right.</p> <p>23 Q. And is the very first bullet</p> <p>24 on Page 63, under, Environmental</p>
<p style="text-align: right;">Page 107</p> <p>1 CD&amp;E in late 2001, correct?</p> <p>2 MR. DAVIS: Objection to</p> <p>3 form.</p> <p>4 THE WITNESS: The entire</p> <p>5 company, as a company that focused</p> <p>6 on responsible pain management and</p> <p>7 appropriate mitigation of risks</p> <p>8 that were associated with opioid</p> <p>9 analgesics, whether they were ours</p> <p>10 or others, we all were aware of</p> <p>11 the situation.</p> <p>12 And so my comment to you</p> <p>13 before was that I was not</p> <p>14 particularly aware, at this point</p> <p>15 sitting here, to remembering that</p> <p>16 particular hearing date.</p> <p>17 But I do know that we were</p> <p>18 all aware of the situation, and</p> <p>19 why we had, obviously, put</p> <p>20 substantial risk mitigation plans</p> <p>21 in place ourselves, even before</p> <p>22 there was an opioid REMS.</p> <p>23 BY MS. AMINOLROAYA:</p> <p>24 Q. Go to Page 62 of the</p>	<p style="text-align: right;">Page 109</p> <p>1 overview, is the overview you were</p> <p>2 providing to the Opana ER team regarding</p> <p>3 the negative OxyContin publicity</p> <p>4 increasing opiophobia among PCPs,</p> <p>5 pharmacists and patients?</p> <p>6 A. Yes. That was certainly a</p> <p>7 correct statement of the environment at</p> <p>8 that time.</p> <p>9 Q. And on Page 64, are you</p> <p>10 setting out a strategy for Opana ER?</p> <p>11 MR. DAVIS: Objection to</p> <p>12 form.</p> <p>13 BY MS. AMINOLROAYA:</p> <p>14 Q. Or strike that.</p> <p>15 Is one of the strategies for</p> <p>16 Opana ER that you proposed here to</p> <p>17 refocus attention from abuse potential?</p> <p>18 MR. DAVIS: Objection to</p> <p>19 form.</p> <p>20 THE WITNESS: The bullet</p> <p>21 point here says, Refocus attention</p> <p>22 from abuse potential to</p> <p>23 appropriate clinical use of opioid</p> <p>24 analgesics, which is consistent</p>

<p style="text-align: right;">Page 110</p> <p>1 with the DEA joint statement on  2 the previous page, which urges a  3 balanced strategy.  4 So to, you know -- at the  5 time, they recognized the fact  6 that, yes, there were abuse  7 potential and problems. But there  8 was also the balanced need for  9 appropriate access and pain  10 medication access to and  11 prescription of pain medication.  12 BY MS. AMINOLROAYA:  13 Q. And was the objective, in  14 refocussing attention away from the abuse  15 potential of opioids, to increase PCP  16 comfort level?  17 A. With using opioids  18 appropriately.  19 Again, helping them to  20 understand, as we said a little while  21 ago, about the need to assess patients  22 appropriately and have an objective and,  23 where possible, psychometrically  24 determine evaluation of their risk.</p>	<p style="text-align: right;">Page 112</p> <p>1 refocussing attention from abuse  2 potential, to increase patient  3 receptivity to opioids?  4 MR. DAVIS: Objection to  5 form.  6 THE WITNESS: To increase  7 patient receptivity to considering  8 the therapeutic options that are  9 appropriate for them, again,  10 including opioids, if that's what  11 they and their clinician determine  12 is appropriate for them.  13 BY MS. AMINOLROAYA:  14 Q. And this is what you were  15 suggesting, this was your strategy, to  16 prepare the market for Opana ER, correct?  17 MR. DAVIS: Objection to  18 form.  19 THE WITNESS: Again, the  20 meeting we were at was the, you  21 know, the Opana ER launch team  22 meeting. And so our bullet point  23 here, we're talking about what we  24 were going to do in conjunction</p>
<p style="text-align: right;">Page 111</p> <p>1 Q. Where does it say  2 psychometrically evaluate?  3 A. It doesn't say anything  4 about it on the slide. This is a  5 slide -- as you know, when you're putting  6 slides together, you just use brief  7 bullet points.  8 Q. So you do have a good  9 recollection of this document?  10 A. No, I'm --  11 MR. DAVIS: Objection to the  12 form.  13 THE WITNESS: I don't have a  14 recollection of this document.  15 I'm just saying, reading my  16 words here, appropriate clinical  17 use of opioid analgesics, that's  18 what that means to me and to the  19 company.  20 BY MS. AMINOLROAYA:  21 Q. Okay. We'll take a look at  22 what that means in a little bit.  23 A. Okay.  24 Q. Was another objective, in</p>	<p style="text-align: right;">Page 113</p> <p>1 with that; and including, you  2 know, advancing Endo's leadership  3 that we've discussed before and  4 our position and presence.  5 So you have to take it in  6 its entirety.  7 BY MS. AMINOLROAYA:  8 Q. Was your strategy to prepare  9 the market for Opana ER in 2002 to  10 refocus attention away from abuse  11 potential in order to increase patient  12 receptivity?  13 MR. DAVIS: Objection to  14 form.  15 THE WITNESS: It was to  16 refocus the attention to the  17 appropriate clinical use of opioid  18 analgesics, yes.  19 MR. DAVIS: Can we go off  20 for just one second, Parvin?  21 VIDEO TECHNICIAN: Going off  22 the record. 11:20 a.m.  23 - - -  24 (Whereupon, a brief recess</p>

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1 was taken.)  
2 - - -  
3 VIDEO TECHNICIAN: We're  
4 back on the record at 11:38 a.m.  
5 BY MS. AMINOLROAYA:  
6 Q. Welcome back, Ms. Kitlinski.  
7 A. Thank you.  
8 Q. We just took a short break.  
9 MS. AMINOLROAYA: I'm  
10 handing you what's been marked as  
11 Exhibit-8. This is END0000 --  
12 there's too many zeros here.  
13 END00000923. It's E329.1. The  
14 Endo Pharmaceuticals Opana  
15 business plan for December --  
16 dated December 12th, 2005.  
17 - - -  
18 (Whereupon, Endo-Kitlinski  
19 Exhibit-8, END00000923-989, was  
20 marked for identification.)  
21 - - -  
22 THE WITNESS: Thank you.  
23 BY MS. AMINOLROAYA:  
24 Q. I'll direct your attention

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1 to Page 59 of the document.  
2 You see about the middle of  
3 the page, a little bit further than the  
4 middle, you were a member of the Opana  
5 core launch team, correct?  
6 A. Yes. That's what I referred  
7 to before, when you asked if I worked  
8 with Debbie Travers.  
9 Q. And December 12th, 2005,  
10 that's a little bit before Opana ER was  
11 launched, correct?  
12 A. Correct.  
13 Q. And if you'll turn to Page 2  
14 of the document with me.  
15 A. I'm sorry, 2 did you say?  
16 Q. Page 2, yes.  
17 A. Thank you.  
18 Q. It has an executive summary.  
19 And it states, Opana will be the first  
20 new oral opioid molecule in 25 years and  
21 the preferred option for patients with  
22 moderate to severe pain if Endo can, one,  
23 focus on launch success by supporting  
24 prelaunch activities which strengthen the

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1 label and elevate awareness with key  
2 audiences.  
3 Did I read that correctly?  
4 A. Yes, that's what the  
5 statement says.  
6 Q. And, two, Establish value  
7 for Opana's points of differentiation,  
8 correct?  
9 A. Yes, that's what the  
10 statement says.  
11 Q. And if you'd turn to Page 15  
12 of the document with me, please.  
13 Actually, Page 14, please.  
14 Page 14 lists major tactical  
15 plan initiatives for Opana ER, correct?  
16 A. Yes, that's what the slide  
17 heading is.  
18 Q. And is one of the  
19 initiatives awareness crescendo?  
20 A. That's one of the  
21 initiatives that are -- that this slide  
22 states.  
23 I'm not familiar with these  
24 slides myself. Are these -- what is the

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1 source of them?  
2 Q. The source is your  
3 employer -- your former employer, Endo.  
4 A. No, I meant they weren't my  
5 slides. So I wasn't trying to be trite,  
6 I was just saying that's what the bullet  
7 point says, but I don't know what the  
8 awareness crescendo is, because I don't  
9 know whose slides these are and I haven't  
10 seen them before, except, perhaps, it  
11 looks like they were presented at a  
12 meeting back in 2005.  
13 Q. You were a member of the  
14 core launch team for Opana, correct?  
15 A. Yes. But we each had our  
16 respective responsibilities. And so  
17 looking at this in terms of, you know --  
18 this is not a CD&E tactic plan  
19 initiative, so this is someone else on  
20 the team.  
21 So I was just trying to  
22 identify the source of the slides.  
23 Q. On Page 59 of the document,  
24 though, it lists, CD&E, that department,

<p style="text-align: right;">Page 118</p> <p>1 as represented by you on the Opana core  2 launch team, correct?  3 A. Yes, that is correct.  4 Q. So CD&amp;E was a member -- or  5 was part of the team that was working on  6 launching Opana ER just a few months  7 before the launch, correct?  8 MR. DAVIS: Objection to  9 form.  10 THE WITNESS: Yes. All --  11 any time the company had a new  12 addition, a new product that was  13 being approved by the FDA, they  14 would put together a multi -- I'll  15 call it multidisciplinary, but  16 multidepartmental team.  17 So you can see here all of  18 the -- all of the departments from  19 marketing to medical affairs,  20 operations, regulatory, sales,  21 CD&amp;E, you know, business  22 information, contracting, you  23 know, project management, managed  24 markets. They all have a seat at</p>	<p style="text-align: right;">Page 120</p> <p>1 Q. And is another component of  2 developing awareness for Opana ER  3 national thought leaders?  4 MR. DAVIS: Objection to  5 form.  6 THE WITNESS: Again, whoever  7 put this slide together listed on  8 here that for -- components of  9 developing awareness included  10 publications, congresses, national  11 thought leaders and CME.  12 BY MS. AMINOLROAYA:  13 Q. Thank you.  14 A. I did not write that,  15 however, just to be clear.  16 Q. Thank you.  17 And is another component of  18 the -- of developing awareness for Opana  19 noise?  20 A. That's what the --  21 MR. DAVIS: Objection to the  22 form.  23 THE WITNESS: That's what  24 this slide conveys, yes.</p>
<p style="text-align: right;">Page 119</p> <p>1 the table.  2 But not everyone is  3 responsible for all aspects of the  4 plan. That's why it's, you know,  5 divvied up by who the  6 representatives are from those  7 departments.  8 MS. AMINOLROAYA: Move to  9 strike everything after the word  10 "yes."  11 BY MS. AMINOLROAYA:  12 Q. Turn to Page 15.  13 And this is describing the  14 awareness crescendo that we saw was one  15 of the tactical initiatives for the  16 launch of Opana ER.  17 A. Yes.  18 Q. And is part of the awareness  19 crescendo developing awareness?  20 A. Yes, that's what this slide  21 communicates.  22 Q. And is one of the components  23 of developing awareness congresses?  24 A. Yes.</p>	<p style="text-align: right;">Page 121</p> <p>1 BY MS. AMINOLROAYA:  2 Q. And is noise developed  3 here -- is one of the components of the  4 noise CME?  5 MR. DAVIS: Objection to  6 form.  7 THE WITNESS: Again, this  8 slide, which was not produced by  9 me, lists CME, publications,  10 congresses, regional advocacy,  11 payor education, public relations,  12 and distribution channel prep of  13 elements of noise.  14 BY MS. AMINOLROAYA:  15 Q. Thank you.  16 And these are part of the  17 prelaunch activities for Opana ER,  18 correct?  19 MR. DAVIS: Objection to the  20 form.  21 THE WITNESS: That appears  22 to be where the slide has  23 positioned them.  24 BY MS. AMINOLROAYA:</p>

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<p>1 Q. And moving over to demand, 2 demand is another way that -- is another 3 part of developing awareness for Opana 4 ER?</p> <p>5 MR. DAVIS: Objection to 6 form.</p> <p>7 THE WITNESS: Again, the 8 slide, whoever produced this 9 slide, has listed, as part of this 10 awareness crescendo, demand, which 11 includes direct promotion, journal 12 ads, direct mail, E-detailing, 13 publications, congresses, 14 promotional education, disease 15 management, public relations, 16 website, sales training and launch 17 meeting.</p> <p>18 BY MS. AMINOLROAYA: 19 Q. And congresses were part of 20 the launch strategy for Opana ER, 21 correct?</p> <p>22 MR. DAVIS: Objection to 23 form.</p> <p>24 THE WITNESS: That -- again,</p>	<p>1 write it.</p> <p>2 BY MS. AMINOLROAYA: 3 Q. Stay with my question, Ms. 4 Kitlinski.</p> <p>5 A. I'm sorry.</p> <p>6 Q. Did you ever tell anyone 7 that you had -- that anything in this 8 document was not correct?</p> <p>9 MR. DAVIS: Objection to 10 form.</p> <p>11 THE WITNESS: I don't recall 12 the document, so I don't --</p> <p>13 BY MS. AMINOLROAYA: 14 Q. Thank you.</p> <p>15 A. -- I don't know.</p> <p>16 Q. You can set that aside.</p> <p>17 MS. AMINOLROAYA: I'm 18 handing you what's been marked as 19 Exhibit-9. Endo_CHI_LIT-00543668. 20 E1277. And we'll start with the 21 cover page.</p> <p>22 - - -</p> <p>23 (Whereupon, Endo-Kitlinski 24 Exhibit-9,</p>
Page 123	Page 125
<p>1 that's what this slide points out 2 on here, yes.</p> <p>3 BY MS. AMINOLROAYA: 4 Q. Did you ever tell anyone 5 that you had -- anything in this document 6 was not correct?</p> <p>7 MR. DAVIS: Objection to 8 form.</p> <p>9 THE WITNESS: To be honest, 10 I don't remember this document. 11 I'm not saying I didn't see it. 12 I've seen a lot of documents over 13 the years, and, you know, this is 14 2005, so 14 years ago.</p> <p>15 But I'm just saying that I 16 didn't write it. And I haven't 17 seen it; I don't recollect having 18 seen it before.</p> <p>19 So I'm just -- I'm just 20 trying to be clear, when you say, 21 is that what this slide says, 22 that's what the words say. I 23 don't know what the exact intent 24 or meaning was, since I did not</p>	<p>1 ENDO-CHI_LIT-00543668-673, was 2 marked for identification.)</p> <p>3 - - -</p> <p>4 BY MS. AMINOLROAYA: 5 Q. This is a document dated May 6 18th, 2006. It's a fax cover page from 7 you, Linda Kitlinski, to Heather Mullen, 8 regarding key stakeholder outreach info.</p> <p>9 Who is Heather Mullen, Ms. 10 Kitlinski?</p> <p>11 A. I'm looking on here to see 12 if there's some indication of that.</p> <p>13 I don't see any indication 14 on here of who Heather Mullen is.</p> <p>15 Q. Was she someone that Endo 16 hired to assist them with the launch of 17 Opana ER?</p> <p>18 A. Again, I don't want to 19 speculate, because I don't remember her.</p> <p>20 I obviously wrote this memo 21 to her, but I can't place her.</p> <p>22 Q. Thank you.</p> <p>23 And the fax cc's David Kerr. 24 Who is David Kerr, or Dave</p>

<p style="text-align: right;">Page 126</p> <p>1 Kerr?</p> <p>2 A. Dave Kerr was on the</p> <p>3 commercial side of the team. I'm trying</p> <p>4 to think of what his -- he had several</p> <p>5 positions at the time.</p> <p>6 I can't, in my mind, place</p> <p>7 in '06 exactly where he was. But he was</p> <p>8 a senior leader on the commercial side of</p> <p>9 the organization.</p> <p>10 Q. Mr. Kerr was in sales,</p> <p>11 correct?</p> <p>12 MR. DAVIS: Objection to</p> <p>13 form.</p> <p>14 THE WITNESS: I don't know.</p> <p>15 He was on the commercial side of</p> <p>16 the organization. I don't recall</p> <p>17 if he was in sales or marketing or</p> <p>18 business development.</p> <p>19 You know, a part of the</p> <p>20 commercial organization, that much</p> <p>21 I did know.</p> <p>22 BY MS. AMINOLROAYA:</p> <p>23 Q. And the fax is dated May 18,</p> <p>24 2006.</p>	<p style="text-align: right;">Page 128</p> <p>1 the organizations that might be most</p> <p>2 appropriate for a pre-approval meeting</p> <p>3 the American Academy of Pain Medicine?</p> <p>4 Do you see that on the last</p> <p>5 row on Page 2?</p> <p>6 A. Yes, I see that.</p> <p>7 I was just looking for --</p> <p>8 you said something about approval for</p> <p>9 pre-meeting, and I was just looking to</p> <p>10 see where that notation came from.</p> <p>11 Q. Do you see the handwritten</p> <p>12 note that states pre-approval?</p> <p>13 A. Oh, yes. Thank you so much.</p> <p>14 Q. Thank you.</p> <p>15 And, again, this document is</p> <p>16 about a month or so before the launch of</p> <p>17 Opana ER, correct?</p> <p>18 A. Approximately, yes.</p> <p>19 Q. So we're talking about</p> <p>20 pre-approval of Opana ER?</p> <p>21 A. Yes.</p> <p>22 Q. And you've circled the CD&amp;E</p> <p>23 team members who would be involved in</p> <p>24 each meeting.</p>
<p style="text-align: right;">Page 127</p> <p>1 So this was just before the</p> <p>2 launch of Opana ER, correct?</p> <p>3 A. Correct.</p> <p>4 Q. And you're writing to</p> <p>5 Heather, to Ms. Mullen, As per your</p> <p>6 request, I have marked up a list of third</p> <p>7 parties to indicate which organizations</p> <p>8 might be most appropriate for: Prelaunch</p> <p>9 meeting, at-launch meeting, post-launch</p> <p>10 meeting.</p> <p>11 Did I read that correctly?</p> <p>12 A. Yes, you did.</p> <p>13 Q. And then you add, two</p> <p>14 paragraphs later, I've also circled the</p> <p>15 CD&amp;E team members who would be involved</p> <p>16 in each meeting and, in some cases, have</p> <p>17 handwritten in additional members of the</p> <p>18 CD&amp;E team.</p> <p>19 Did I read that correctly?</p> <p>20 A. Yes.</p> <p>21 Q. Let's turn to Page 2 of the</p> <p>22 document.</p> <p>23 Was one of the</p> <p>24 indications -- or, I'm sorry, was one of</p>	<p style="text-align: right;">Page 129</p> <p>1 Were you among those CD&amp;E</p> <p>2 representatives?</p> <p>3 A. Yes.</p> <p>4 Q. Along with Vin Tormo?</p> <p>5 A. Yes.</p> <p>6 Q. And Debbie Travers?</p> <p>7 A. I did not circle Debbie</p> <p>8 Travers. That -- if you look at the</p> <p>9 header for that --</p> <p>10 Q. Thank you. Yes.</p> <p>11 A. -- column, it's contacts,</p> <p>12 Key Endo contacts.</p> <p>13 And so Debbie is a contact</p> <p>14 on the commercial side of the business.</p> <p>15 So she might have had dealings with them</p> <p>16 for a booth or something like that.</p> <p>17 Q. And turning to Page 4 of the</p> <p>18 document -- Page 4 of the document,</p> <p>19 another organization that you identified</p> <p>20 as most appropriate for a pre-approval</p> <p>21 meeting was the American Pain Foundation?</p> <p>22 A. Yes.</p> <p>23 MR. DAVIS: Objection to</p> <p>24 form.</p>

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1 BY MS. AMINOLROAYA:  
2 Q. And did you identify  
3 yourself as the most appropriate  
4 individual to be involved with the  
5 meeting?  
6 MR. DAVIS: Objection to  
7 form.  
8 THE WITNESS: I -- again,  
9 the CD&E contacts that I  
10 identified were Marcia Speiller,  
11 who was one of our medical science  
12 liaisons, myself.  
13 We were the two CD&E people.  
14 Both of us were from CD&E.  
15 BY MS. AMINOLROAYA:  
16 Q. And Ms. Romero, Amy Romero?  
17 A. Yes, she was doing patient  
18 education on the promotional side, or the  
19 non-CE side of things.  
20 Q. Ms. Romero was in marketing?  
21 MR. DAVIS: Objection to  
22 form.  
23 THE WITNESS: Ms. Romero was  
24 on the commercial side of the

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1 business. Again, who was in sales  
2 and who was in marketing, I  
3 don't -- I do recall where Deb  
4 Travers was, because she headed  
5 the launch team. But I don't  
6 recall Amy.  
7 BY MS. AMINOLROAYA:  
8 Q. Ms. Romero was in sales or  
9 marketing, though?  
10 MR. DAVIS: Objection to  
11 form.  
12 THE WITNESS: Yeah, sales or  
13 marketing, the commercial side of  
14 the business, correct.  
15 BY MS. AMINOLROAYA:  
16 Q. Thank you.  
17 Is another organization that  
18 you identified for a pre-approval meeting  
19 the American Pain Society?  
20 A. Yes.  
21 Q. And did you identify  
22 yourself as the best individual to attend  
23 that meeting?  
24 MR. DAVIS: Objection to

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1 form.  
2 THE WITNESS: I have, again,  
3 two individuals here from our  
4 team, myself and Vin Tormo.  
5 BY MS. AMINOLROAYA:  
6 Q. And did you identify Ms.  
7 Romero as well?  
8 A. Again, Ms. Romero would have  
9 been speaking -- the contacts, that  
10 category, indicate people who would have  
11 differing reasons to talk with those  
12 organizations.  
13 So Ms. Romero would have  
14 been talking to them about some aspect of  
15 whatever department, if she was in sales  
16 or marketing; so having a booth at the  
17 meeting, for example, or -- and for Vin  
18 and myself, it would have been a  
19 corporate membership, for example.  
20 Q. Yes or no, did you identify  
21 Ms. Romero as an appropriate individual  
22 to be at the American Pain Society for a  
23 pre-approval meeting?  
24 MR. DAVIS: Objection to

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1 form.  
2 THE WITNESS: No. What I  
3 identified her as was an  
4 appropriate contact to reach out  
5 to the American Pain Society to  
6 discuss what would be appropriate  
7 in a pre-approval meeting.  
8 It would not be product  
9 specific, obviously, for someone  
10 in the commercial side of the  
11 business, but more about logistics  
12 of post-approval.  
13 MS. AMINOLROAYA: I'm  
14 handing you what's been marked as  
15 Exhibit-10. This is  
16 ENDO-OPIOID\_MDL-03388209, E1260.  
17 - - -  
18 (Whereupon, Endo-Kitlinski  
19 Exhibit-10,  
20 ENDO-OPIOID\_MDL-03388209-210, with  
21 attachment was marked for  
22 identification.)  
23 - - -  
24 BY MS. AMINOLROAYA:

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1 Q. This is an e-mail dated  
 2 August 24th, 2001, from you to Carey Aron  
 3 and Vin Tormo, regarding a 2002 strategy  
 4 review. And the attachment here is a  
 5 2002 strategy review.  
 6 If you turn to Page 5 of the  
 7 document, it's, Percocet business plan  
 8 and marketing strategy, correct?  
 9 A. Yes.  
 10 And just to be clear on the  
 11 document and the attachments, this was --  
 12 these were slides that were prepared by  
 13 Eric Vandel, and I don't recall what FCB  
 14 stands for. It was one of the  
 15 organizations that the marketing team  
 16 worked with.  
 17 So these are, again, not --  
 18 just to be clear, these are not my  
 19 slides, these are Eric Vandel's slides  
 20 that he plans to use in Monday's Percocet  
 21 planning session.  
 22 Q. Where does it say it's Eric  
 23 Vandel's slides?  
 24 A. The e-mail says, FYI, the

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1 slides Eric V -- his name is Vandel, and  
 2 FCB -- again, I know that was an agency,  
 3 I don't know what it stands for -- plan  
 4 to use for next Monday's Percocet  
 5 strategy session.  
 6 Q. And Mr. Vandel was sending  
 7 you the Percocet business plan for 2002,  
 8 correct?  
 9 A. He was sending me the slides  
 10 that were going to be used on the -- at  
 11 the presentation the following Monday,  
 12 yes.  
 13 Q. He was sending you slides  
 14 that would be used at a strategy session  
 15 for Percocet, correct?  
 16 MR. DAVIS: Objection to the  
 17 form.  
 18 THE WITNESS: Again, I don't  
 19 recall the session, sitting here  
 20 today, but that's what this  
 21 document states.  
 22 BY MS. AMINOLROAYA:  
 23 Q. And we know, from looking at  
 24 your 1999 objectives -- excuse me -- that

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1 the second objective you listed there was  
 2 working with sales and marketing teams to  
 3 successfully launch Percocet, different  
 4 strengths, including the 7.5- and  
 5 10-milligram strengths, correct?  
 6 MR. DAVIS: Objection to  
 7 form.  
 8 THE WITNESS: Yes. And  
 9 you'll recall we discussed the  
 10 type of support that I provided  
 11 versus the type of support that  
 12 the marketing organization  
 13 provided.  
 14 So I just -- again, I just  
 15 want to make sure I'm  
 16 differentiating those two.  
 17 MS. AMINOLROAYA: Move to  
 18 strike everything after the word  
 19 "yes."  
 20 BY MS. AMINOLROAYA:  
 21 Q. Page 7, please.  
 22 You would agree that the  
 23 strategy for Percocet -- strike that.  
 24 Page 7 is entitled, Percocet

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1 Key Targets. And were the key targets  
 2 for the Percocet business plan, in 2002,  
 3 current high 7.5- and 10-milligram  
 4 writers?  
 5 A. Again, this is the  
 6 commercial side of the business's targets  
 7 and their strategy.  
 8 And so I -- while I  
 9 generally -- while our team generally  
 10 supported, in the way that I explained  
 11 previously, I have no way of knowing --  
 12 first of all, it was 2001 and this is  
 13 2019, so I don't recall.  
 14 But, secondly, I don't know  
 15 if this was their key target or not.  
 16 That's what the document states, but I  
 17 don't know that of my own knowledge.  
 18 Q. Do you have a reason to  
 19 believe there was another key target?  
 20 MR. DAVIS: Objection to  
 21 form.  
 22 THE WITNESS: No. My point  
 23 is I can't confirm this was a key  
 24 target or not, because it was not

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1 my area of responsibility. That  
2 would have been the commercial  
3 organization that would have been  
4 developing these.  
5 BY MS. AMINOLROAYA:  
6 Q. But you wrote in your 1999  
7 objective that your objectives were to  
8 support the launch of new products,  
9 including Percocet, correct?  
10 A. Yes.  
11 MR. DAVIS: Objection to  
12 form.  
13 BY MS. AMINOLROAYA:  
14 Q. Thank you.  
15 A. And you'll recall, just to  
16 complete my statement, if you don't mind,  
17 what I said at the time was, my role at  
18 that was increasing the awareness of Endo  
19 in the pain management therapeutic area  
20 and helping to support and/or develop  
21 educational materials or resources. So  
22 those, in that way, did support the  
23 Percocet launches.  
24 This is a totally different

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1 tactic and target that this slide is  
2 talking about.  
3 Q. And why were you sending  
4 these slides to your direct reports?  
5 A. Because we always copied  
6 members -- we were, again, a small  
7 department at that time; it was Carey,  
8 Vin and myself. Carey was responsible  
9 for the Western part of the country, Vin  
10 was responsible for the Central part of  
11 the country, and I was responsible for  
12 the Eastern part of the country.  
13 So it was just having  
14 transparent communication of what was  
15 being shared with me.  
16 Q. And what was being shared  
17 with you, in 2002, was the Percocet  
18 business strategy, correct?  
19 MR. DAVIS: Objection to  
20 form.  
21 BY MS. AMINOLROAYA:  
22 Q. Or, rather, in late 2001.  
23 In August of 2001.  
24 MR. DAVIS: Objection to

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1 form.  
2 THE WITNESS: Again, I  
3 didn't finish looking through the  
4 rest of these slides. I just  
5 looked at the one that you  
6 mentioned, which was the Percocet  
7 business plan and market strategy.  
8 So that's what Eric Vandel  
9 apparently was presenting.  
10 BY MS. AMINOLROAYA:  
11 Q. And was one of the things  
12 that Mr. Vandel was sharing with you, in  
13 your capacity as someone who supported  
14 the Percocet marketing activities, the  
15 message for Percocet on Page 7?  
16 MR. DAVIS: Objection to  
17 form.  
18 THE WITNESS: Well, again,  
19 these slides, which were going to  
20 be presented at the session, were  
21 shared with everyone.  
22 So it's not like it was  
23 directed, oh, CD&E, here is our  
24 target message for Percocet. He's

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1 telling -- he's telling the  
2 participants at the meeting. And  
3 since I would be there and Carey  
4 and Vin were not, I was sharing  
5 the slides with them, this is our  
6 marketing -- what does he call it  
7 here? This is our customer  
8 segmentation analysis and our  
9 marketing strategy.  
10 BY MS. AMINOLROAYA:  
11 Q. And was one of the messages  
12 that Mr. Vandel included in the Percocet  
13 business plan, Push dose higher, use  
14 longer?  
15 MR. DAVIS: Objection to  
16 form.  
17 THE WITNESS: That's what  
18 this slide states on here. I have  
19 no knowledge of what he -- what he  
20 meant to use that for.  
21 But I am sure there are  
22 folks from, you know, Endo's  
23 marketing team that could provide  
24 light on that for you.

<p style="text-align: right;">Page 142</p> <p>1 MS. AMINOLROAYA: I'm 2 switching gears here, Ms. 3 Kitlinski. 4 BY MS. AMINOLROAYA: 5 Q. Earlier we looked at a 6 document that stated that the focus -- 7 the strategy of CD&amp;E in 2002 was going to 8 be refocus attention away from abuse, 9 correct? 10 MR. DAVIS: Objection to 11 form. 12 THE WITNESS: No, I don't 13 recall saying that at all. 14 BY MS. AMINOLROAYA: 15 Q. You don't recall that we 16 looked at a document that -- 17 A. No. I recall we looked at a 18 document. I don't recall that it said 19 refocussing away from abuse. 20 What I recall is we said we 21 were refocussing on the appropriate use 22 of opioid analgesics. Unless I'm talking 23 about a different document. 24 Q. We'll look at the document</p>	<p style="text-align: right;">Page 144</p> <p>1 THE WITNESS: Well, I may 2 have paraphrased this full bullet 3 point a moment ago. 4 But, as I said, it is not 5 refocus attention away from abuse 6 potential, it's -- the full 7 statement that I wrote is, Refocus 8 attention from abuse potential to 9 appropriate clinic use of opioid 10 analgesics, which is consistent, 11 as I pointed out earlier on Slide 12 63, with the DEA's own balanced 13 approach to promoting pain relief 14 while preventing abuse. 15 BY MS. AMINOLROAYA: 16 Q. And refocus, Ms. Kitlinski, 17 means to take the focus off of something, 18 correct? 19 MR. DAVIS: Objection to 20 form. 21 THE WITNESS: As I -- as 22 I -- I mean, I can't state any 23 more clearly, to refocus attention 24 from sole -- from the abuse</p>
<p style="text-align: right;">Page 143</p> <p>1 again. 2 A. Okay. 3 Q. Let's turn to Exhibit-7, 4 Page 64. 5 Just to refresh your memory 6 of the cover page here, it has an e-mail 7 from you to Carey and -- to Mr. Aron and 8 Mr. Tormo, dated December 6th, 2001, and 9 you're attaching a presentation you made 10 to the Opana ER team, correct? 11 A. Yes. As well as a 12 presentation that Debbie Travers made. 13 And you said it's Page -- 14 Q. Let's turn to Page 62. 15 A. 62. 16 Q. So this is, CD&amp;E: 2002. 17 Integrated strategy for advocacy 18 development. 19 Let's go to Page 64. One of 20 the strategies for Opana ER, in 2002, was 21 to refocus attention from abuse 22 potential, correct? 23 MR. DAVIS: Objection to 24 form.</p>	<p style="text-align: right;">Page 145</p> <p>1 potential to the appropriate 2 clinical use of opioid analgesics, 3 which includes diagnosis of the 4 underlying risk factors. We 5 talked about the psychometric 6 instruments, where possible, to 7 help the clinicians identify which 8 patients are at increased risk so 9 that those patients can be focused 10 on having themselves monitored and 11 followed up appropriately; and, at 12 the same time, the appropriate 13 clinical use of analgesics, what 14 the clinician determines is best 15 for a given patient in front of 16 them at that time, based on their 17 relative risk potential. 18 MS. AMINOLROAYA: I'm sorry, 19 Ms. Kitlinski, I don't think you 20 understood my question. 21 BY MS. AMINOLROAYA: 22 Q. Refocus, the word refocus, 23 means to take the attention off of 24 something, correct?</p>

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1 MR. DAVIS: Objection to  
2 form.  
3 THE WITNESS: The word  
4 refocus means to put something  
5 else into focus.  
6 BY MS. AMINOLROAYA:  
7 Q. Right.  
8 A. Correct.  
9 Q. So here you were not putting  
10 abuse into focus; you were --  
11 A. No, we were --  
12 MR. DAVIS: Objection to  
13 form.  
14 THE WITNESS: Again, we  
15 were -- we were focusing on the  
16 appropriate clinical use of opioid  
17 analgesics, which, as you can see  
18 through all of the documents, was  
19 a balance of the appropriate focus  
20 on risk, abuse, misuse, addiction  
21 and on access and having  
22 appropriate treatment as  
23 determined by the clinicians.  
24 MS. AMINOLROAYA: Move to

Page 147

1 strike the entire answer.  
2 1274, please. I'm handing  
3 you what's been marked as  
4 Exhibit-1274.  
5 - - -  
6 (Whereupon, Endo-Kitlinski  
7 Exhibit-11,  
8 ENDO-OPIOID\_MDL-02261843-845, was  
9 marked for identification.)  
10 - - -  
11 BY MS. AMINOLROAYA:  
12 Q. I'll ask you to start on  
13 Page 2, towards the bottom. This is an  
14 e-mail from you dated June 9th, 2003.  
15 MS. AMINOLROAYA: Exhibit-11  
16 is ENDO-OPIOID\_MDL-02261843. It's  
17 E1274.  
18 BY MS. AMINOLROAYA:  
19 Q. This is an e-mail from you,  
20 on the bottom of Page 2, to Carey Aron  
21 and others.  
22 Are these your direct  
23 reports in CD&E?  
24 A. Some of them are direct

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1 reports. Others is the vice president on  
2 the medical affairs team and other  
3 members of the medical affairs team.  
4 Q. And the subject is, NIPC  
5 input needed for meeting.  
6 And you state, Guys, Brad,  
7 Scott, Jerry, Debbie, Andy and I will be  
8 meeting on June 25th to make a final  
9 decision on the general topic we will  
10 recommend to PW for the new NIPC module.  
11 Who are Brad, Scott, Jerry,  
12 Debbie and Andy?  
13 A. Brad is the vice president  
14 of medical affairs, scientific affairs, I  
15 don't recall what it was in 2003.  
16 Scott, Jerry, Debbie and  
17 Andy are others on the opioid -- the  
18 commercialization team we were talking  
19 about earlier.  
20 Q. Scott was in marketing?  
21 A. Yes.  
22 Q. Debbie was in marketing?  
23 A. Yes.  
24 Q. And you're asking -- you're

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1 asking your direct reports for input on  
2 NIPC topics?  
3 A. Yes. At the time, the ACCME  
4 guidance and the regulations enabled  
5 input into broad topics and, you know,  
6 overall therapeutic area to be covered,  
7 provided that the CE provider had control  
8 over the content and control over,  
9 ultimately, the faculty that was  
10 determined.  
11 So we were asked for input,  
12 as was the -- as was the case at that  
13 time and as was compliant at that time.  
14 Q. And you state, Items to  
15 consider in making this recommendation,  
16 what will provide best educational ROI  
17 for Endo, what the faculty/education  
18 council will likely be most receptive to,  
19 and what will generate best  
20 interest/turnout.  
21 Given the high level of  
22 interest and issues surrounding with  
23 opioids, coupled with our anticipated  
24 launch of EN3203 -- 3202/03, I think

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1 opioids should be the focus.  
2 Did I read that correctly?  
3 MR. DAVIS: Objection to  
4 form.  
5 THE WITNESS: Yes. Given  
6 the high level of interest and  
7 issues surrounding opioids, which  
8 we've been talking about, you  
9 know, given the timing of this,  
10 that is what this -- that is what  
11 this states.  
12 And just to clarify so that  
13 it's clear, what the previous item  
14 you had read, the items that I  
15 thought was -- should be  
16 considered for recommendation were  
17 the -- in addition to the  
18 educational, we usually would call  
19 it a return on education, not  
20 return on investment.  
21 So that's a misnomer of a  
22 word on my behalf there.  
23 But, in any event, the  
24 Faculty Education Council, that's

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1 the independent faculty, and the  
2 planning council for the NIPC,  
3 what they will be most receptive  
4 to, because, obviously, they are  
5 the ones who ultimately determine  
6 the content -- not just the topic,  
7 but the content.  
8 And then what will generate  
9 the best interest and turnout,  
10 that would be what clinicians, by  
11 virtue of their unmet needs and  
12 areas of interest, what they would  
13 be most likely to participate in  
14 as an educational activity.  
15 So I just wanted to be clear  
16 that those points were not about  
17 what Endo would be most receptive  
18 to or would generate the best  
19 interest, but what we thought the  
20 faculty and educational council  
21 would.  
22 BY MS. AMINOLROAYA:  
23 Q. So you're saying that you  
24 did not state to your colleagues here

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1 that, among the items to consider in  
2 making a recommendation on topics for an  
3 NIPC program would be what would provide  
4 the best educational ROI for Endo?  
5 A. No. I said that -- I did  
6 acknowledge that that was a -- you know,  
7 should have been a return on education as  
8 opposed to return on investment.  
9 And, basically, by virtue of  
10 that, we have limited resources, what can  
11 we put our resources towards which will  
12 then -- then the next points come into  
13 play -- have the most appeal for the  
14 faculty and educational council, since  
15 it's important that they, you know, would  
16 be committed to developing the activity.  
17 And then what would be best  
18 interest and turnout, in terms of the  
19 audience, the clinicians who would  
20 ultimately decide to attend or not  
21 attend, based on the content of the  
22 activity and how it met their needs and,  
23 you know, and their gaps in their  
24 education.

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1 Q. But your colleagues also  
2 understood your reference to best  
3 educational ROI to mean return on  
4 investment, correct, Ms. Kitlinski?  
5 MR. DAVIS: Objection to  
6 form.  
7 THE WITNESS: You know,  
8 again, I've already said that I  
9 used that term inappropriately.  
10 And I certainly would not be able  
11 to speculate what they interpreted  
12 it as.  
13 BY MS. AMINOLROAYA:  
14 Q. And in the 16 years that --  
15 16 or -- years that have transpired since  
16 this e-mail, did you ever -- strike that.  
17 We don't have to speculate,  
18 Ms. Kitlinski. Let's turn to the first  
19 e-mail here at the bottom of Page 1.  
20 A. Okay.  
21 Q. And this is an e-mail from  
22 Nancy Alvarez responding to your e-mail.  
23 Who is Nancy Alvarez?  
24 A. Nancy Alvarez was a medical

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1 information specialist in medical  
2 affairs.  
3 Q. And Ms. Alvarez responds to  
4 your e-mail. And she says, in the first  
5 sentence here, Opioids should be the  
6 focus, despite the desire to not promote  
7 other's products.  
8 And the last sentence says,  
9 The return on investment may be to have  
10 product available when prescriptions are  
11 written.  
12 Did I read that correctly?  
13 MR. DAVIS: Objection to  
14 form.  
15 THE WITNESS: If you'll just  
16 give me a moment to read the whole  
17 paragraph there so I can have it  
18 in context.  
19 Again, I don't know what  
20 she's referring to there. She  
21 says, The return on investment may  
22 be to have product available when  
23 prescriptions are written.  
24 BY MS. AMINOLROAYA:

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1 Q. Ms. Kitlinski, stay with my  
2 question.  
3 Did I read that correctly?  
4 A. Yes, you did.  
5 Q. Okay. Thank you.  
6 A. I'm sorry.  
7 Q. Turning to Page 1.  
8 This is an e-mail from you  
9 responding to Nancy and Arnold, dated  
10 June 16th, 2003. This is still regarding  
11 NIPC input needed for meeting.  
12 And you write, Nancy and  
13 Arnold, really appreciate your input.  
14 And I definitely agree with you that  
15 opioids should be the focus of the new  
16 NIPC module for all the reasons you both  
17 outlined below (particularly to assure a  
18 successful launch of 3202) and also  
19 because of multiple comments Nat Katz  
20 made to me during a discussion I had with  
21 him this past week.  
22 Did I read that correctly?  
23 A. That's what this memo says,  
24 yes.

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1 Q. 3202 is a reference to Opana  
2 ER, correct?  
3 A. Correct.  
4 Q. And then Mr. Galer responds  
5 in the top thread, the second sentence  
6 there, stating, Linda and I will be  
7 meeting with our colleagues to best  
8 decide how to move forward to make NIPC  
9 a, quote, win/win for all involved.  
10 And the colleagues that you  
11 and Mr. Galer would be meeting with were  
12 your marketing colleagues, correct?  
13 MR. DAVIS: Objection to  
14 form.  
15 BY MS. AMINOLROAYA:  
16 Q. Referenced in your e-mail on  
17 the bottom of Page 2; Mr. Shively, and  
18 Ms. Travers in marketing, correct?  
19 MR. DAVIS: Objection to  
20 form.  
21 THE WITNESS: Yes, that's  
22 where we were going to convey our  
23 recommendations. Correct.  
24 BY MS. AMINOLROAYA:

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1 Q. Thank you.  
2 A. You're welcome.  
3 Q. And to be clear, and I  
4 apologize if I didn't clarify this  
5 before, what does NIPC stand for?  
6 A. The National Initiative on  
7 Pain Control or for pain control.  
8 Q. Thank you.  
9 A. I don't recall if it was  
10 "on" or "for."  
11 Q. And did you -- did Endo  
12 sponsor a continuing medical education  
13 through NIPC?  
14 A. Endo supported it. The  
15 sponsor for a CE activity is the  
16 accredited provider.  
17 So the terminology, you  
18 know -- if it's a commercial activity,  
19 it's sponsored by the company. If it's  
20 an independent educational activity, it's  
21 supported by.  
22 But, yes, we did support  
23 NIPC.  
24 Q. And did Endo support

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1 publication of newsletters by the --  
2 through NIPC?  
3 A. The NIPC was a multimodal  
4 learning activity. All of the  
5 independent education literature  
6 documents the fact that clinicians have  
7 different learning styles and different  
8 learning preferences.  
9 So NIPC integrated  
10 everything from newsletters to  
11 teleconference -- audio conferences,  
12 let's call them, for folks who might have  
13 limited time and wanted to participate on  
14 their lunch hour.  
15 There were live meetings for  
16 clinicians who preferred to learn in a  
17 live meeting setting with their peers.  
18 And there was a website, as well, for  
19 those folks who preferred to do online  
20 learning.  
21 Q. And did the NIPC have an  
22 advisory council?  
23 A. Yes. And I -- I don't  
24 recall the exact -- there were a group of

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1 the faculty from NIPC who served in an  
2 advisory capacity.  
3 I don't remember if it was  
4 called the council or the -- whatever  
5 they called it. But there was a group of  
6 individuals who advised the CE provider  
7 on that.  
8 Q. And you were close with the  
9 members of the NIPC educational council,  
10 correct?  
11 MR. DAVIS: Objection to  
12 form.  
13 THE WITNESS: I don't recall  
14 who the advisors were, because, A,  
15 over time they changed; and, B,  
16 there were several, you know,  
17 different initiatives. There was  
18 neuropathic pain. There was, you  
19 know, the opioid initiative.  
20 So I'm not sure which one  
21 you're referring to and, you know,  
22 who they were.  
23 BY MS. AMINOLROAYA:  
24 Q. Was Dr. Argoff a member of

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1 the educational council for NIPC at a  
2 certain point in time?  
3 A. Again, I would have to look  
4 at the documents and tell you.  
5 MS. AMINOLROAYA: I'm  
6 handing you what's been marked as  
7 Exhibit-12. The Bates number  
8 KP360-OHIOMDL-000605. It's E1342,  
9 Exhibit-12.  
10 - - -  
11 (Whereupon, Endo-Kitlinski  
12 Exhibit-12,  
13 KP360-OHIOMDL-000605-626, was  
14 marked for identification.)  
15 - - -  
16 THE WITNESS: Thank you.  
17 BY MS. AMINOLROAYA:  
18 Q. And we won't spend very much  
19 time on this document.  
20 This document is the  
21 National Initiative on Pain Control  
22 educational council meeting, January 17th  
23 to 18th, 2004. It's an executive  
24 summary.

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1 And if you turn to Page 3 of  
2 the document, under meeting participants,  
3 NIPC educational council, is the second  
4 name listed there Dr. Argoff?  
5 A. Yes, it is.  
6 So, then, he is indeed a  
7 member -- or was at that time, a member  
8 of the NIPC education council.  
9 Q. Thank you.  
10 A. Thank you for refreshing my  
11 memory.  
12 Q. And you were close with Dr.  
13 Argoff, correct?  
14 MR. DAVIS: Objection to  
15 form.  
16 THE WITNESS: I've remained  
17 in touch with Dr. Argoff over the  
18 years. He managed my  
19 mother-in-law's migraine and was  
20 successful in having her, after 65  
21 years of dealing with daily  
22 headache pain, live the last years  
23 of her life without that.  
24 So I have remained in touch

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<p>1 with Dr. Argoff. 2 I mean, it depends on what 3 your definition of "close" is. 4 MS. AMINOLROAYA: I'm 5 handing you what has been marked 6 as Exhibit-13. It's E1340, 7 ENDO-OPIOID_MDL-02206602. 8 - - - 9 (Whereupon, Endo-Kitlinski 10 Exhibit-13, 11 ENDO-OPIOID_MDL-02206602-606, was 12 marked for identification.) 13 - - - 14 THE WITNESS: Thank you. 15 BY MS. AMINOLROAYA: 16 Q. This is an e-mail from 17 Charles Argoff to Linda Kitlinski. We'll 18 actually go to Page 3 of the document. 19 A. All right. 20 Q. And on July 21st, 2008, at 21 11:06, you wrote, C, how are ya? Hope 22 your summer's going well. Best, L. 23 MR. DAVIS: Do you know if 24 the original document as produced</p>	<p>1 version that was produced to us in the 2 production -- 3 A. Sure. 4 Q. -- after the deposition. 5 And after writing to Dr. 6 Argoff, if you look at the bottom of Page 7 1, there's a few more e-mail chains in 8 between, where you're discussing catching 9 up with him. 10 And then on September 30th, 11 2008, the bottom of Page 1, you write Dr. 12 Argoff again, and you're discussing how 13 to shape some messaging with him, 14 correct? 15 MR. DAVIS: Objection to 16 form. 17 THE WITNESS: First of 18 all -- 19 BY MS. AMINOLROAYA: 20 Q. It says -- 21 A. -- let me just go back to 22 your initial -- because you left off the 23 first e-mail in the string. 24 The first message here was</p>
Page 163	Page 165
<p>1 had this highlighting? 2 MS. AMINOLROAYA: Is that 3 the only highlight you see in the 4 document? 5 MR. DAVIS: I see some -- we 6 can go off if you want -- I see 7 the first e-mail where you just 8 read, I think I see some -- 9 MS. AMINOLROAYA: Sure, we 10 can go off the record. 11 VIDEO TECHNICIAN: Going off 12 the record. 12:28 p.m. 13 - - - 14 (Whereupon, a discussion off 15 the record occurred.) 16 - - - 17 VIDEO TECHNICIAN: Back on 18 record. 12:28 p.m. 19 BY MS. AMINOLROAYA: 20 Q. Welcome back. 21 We have a highlighted copy, 22 we gave you and counsel a highlighted 23 copy of Exhibit-13, I believe. And we'll 24 replace this highlighted copy with the</p>	<p>1 from Dr. Argoff to myself, as well as a 2 number of other people, telling us that 3 his e-mail address has changed, which I 4 suspect -- was coincided with his 5 relocation from Rochester up to Albany. 6 But, in any event, he's 7 telling us his e-mail address has 8 changed, to which I respond back, how are 9 you? Hope -- how are you? I hope your 10 summer is going well. 11 So I didn't want you to 12 think I just initiated and -- a reach-out 13 message to him saying, Hi, how are you? 14 Hope your summer is going well. 15 Q. But you did drop everyone 16 else off the chain in your response, 17 correct? 18 A. Of course. 19 Q. Top of Page 2, you write, 20 Great talking to you tonight. It's been 21 too long. Just one thing I feel 22 compelled to say, even though I know I 23 don't have to, please don't mention my 24 name to Bill or AAPM, lest they think our</p>

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1 conversation was anything more than a  
2 discussion of how to tactfully, in  
3 quotes, address an issue. One other bit  
4 of info you should know, some of the APS  
5 staff are also closely involved with the  
6 AAPM essentials course, so just be aware  
7 of that so you don't inadvertently have  
8 an oops moment. Again, C, it was so good  
9 to talk to you and good luck with the  
10 cell phone company. They're plain evil  
11 as far as I'm concerned.  
12 Did I read that correctly?  
13 A. Yes.  
14 Q. So you were telling Dr.  
15 Argoff not to mention your name in the  
16 context of discussing a subject with Bill  
17 at AAPM?  
18 MR. DAVIS: Object to form.  
19 THE WITNESS: Yes.  
20 And what I was saying is he  
21 was going to bring this issue up,  
22 and I just said, please don't  
23 mention my name to him about it,  
24 lest they think we had -- the

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1 issue we were discussing is the  
2 fact that the American Academy of  
3 Pain Medicine, and Bill, who was  
4 the program director, coordinator,  
5 whatever you want to call him for  
6 the activity, had -- I don't want  
7 to say pirated -- had modeled a  
8 new educational activity at AAPM  
9 after one that Dr. Argoff had  
10 developed with APS.  
11 And the fact was, there  
12 wasn't any, I'll say, a  
13 professional courtesy of them  
14 asking Dr. Argoff, you know, if he  
15 objected to them taking this  
16 initiative that Dr. Argoff had  
17 developed and had hosted at APS  
18 for years and now making it  
19 available to AAPM and asking  
20 various industry partners if they  
21 would like to provide grants for  
22 the activity.  
23 And so my point back to him  
24 was, you know, that -- he had

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1 asked about the situation. And I  
2 said that, you know, this is my  
3 point on it, is there should have  
4 been coordination. But since it's  
5 an independent educational  
6 activity, it's not for me to say,  
7 so please don't mention my name to  
8 Bill, lest he thinks that I'm the  
9 one complaining about it, when, in  
10 actuality, I was just giving you  
11 my opinion.  
12 BY MS. AMINOLROAYA:  
13 Q. My question was, Ms.  
14 Kitlinski, you were telling Dr. Argoff  
15 not to mention your name about a subject  
16 that you were discussing with him,  
17 correct?  
18 MR. DAVIS: Objection to  
19 form.  
20 THE WITNESS: Yes.  
21 BY MS. AMINOLROAYA:  
22 Q. Thank you.  
23 And in response, he writes,  
24 on the bottom of Page 1, Never.

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1 Did I read that correctly?  
2 A. Yes.  
3 Q. And you responded, See, knew  
4 I didn't even have to say it.  
5 A. Yes.  
6 Because he knows that I  
7 would not attempt to inappropriately  
8 convey information on an independent CE.  
9 MS. AMINOLROAYA: Move to  
10 strike everything after "yes."  
11 Can we get a copy of E1403?  
12 MR. DAVIS: How much do you  
13 have with this one, Parvin? It's  
14 been about an hour, it's 12:30.  
15 I'm happy to go a little bit  
16 longer if you only have a bit.  
17 But if it's longer than that, then  
18 we should break.  
19 MS. AMINOLROAYA: Let's do  
20 at -- a few more exhibits.  
21 I'm handing you what's been  
22 marked as Exhibit-1403. This is  
23 Argoff 006513 and it's E1403.  
24 - - -

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1 (Whereupon, Endo-Kitlinski  
2 Exhibit-14, ARGOFF006513-515, was  
3 marked for identification.)  
4 - - -  
5 BY MS. AMINOLROAYA:  
6 Q. And you'll see on Page 2 of  
7 the document there is an e-mail -- at the  
8 top of Page 2, there's an e-mail from  
9 Emerson Wickwire to Nancy Santilli dated  
10 June 2, 2011.  
11 Ms. Santilli was your  
12 supervisor for a period of time?  
13 A. Yes.  
14 May I just have a minute to  
15 read this, please?  
16 Q. Sure.  
17 And I can tell you we're  
18 going to look at the top of Page 2 and  
19 Page 1.  
20 A. Okay.  
21 MS. AMINOLROAYA: We can  
22 take a break for lunch now.  
23 VIDEO TECHNICIAN: Going off  
24 the record. 12:36 p.m.

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1 - - -  
2 (Whereupon, a luncheon  
3 recess was taken.)  
4 - - -  
5 VIDEO TECHNICIAN: Back on  
6 record at 1:24 p.m.  
7 BY MS. AMINOLROAYA:  
8 Q. Welcome back, Ms. Kitlinski.  
9 We just took a break for lunch, and we're  
10 back on the record.  
11 You understand that you're  
12 under oath?  
13 A. Yes.  
14 Q. Turning your attention back  
15 to Exhibit-8, this is the Opana ER  
16 business plan.  
17 MR. DAVIS: 8.  
18 THE WITNESS: Thank you.  
19 BY MS. AMINOLROAYA:  
20 Q. And Page 15 of the document,  
21 the page we looked at before, you're  
22 familiar with?  
23 A. Yes.  
24 Q. And this part of the Opana

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1 ER business plan here is, Opana awareness  
2 crescendo, correct?  
3 A. Yes, that's what this slide  
4 states.  
5 Q. And part of the way that  
6 awareness was going to be built for Opana  
7 ER was through CME, correct?  
8 MR. DAVIS: Objection to  
9 form.  
10 THE WITNESS: Again, I did  
11 not create this slide. This slide  
12 states that awareness would be  
13 supported through publications,  
14 congresses, national thought  
15 leaders and CME.  
16 BY MS. AMINOLROAYA:  
17 Q. Thank you.  
18 And would noise for the  
19 Opana ER awareness crescendo also include  
20 CME?  
21 MR. DAVIS: Objection to  
22 form.  
23 THE WITNESS: Again, the  
24 author of this slide has listed

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1 CME, publications, congresses,  
2 regional advocacy, payor  
3 education, public relations and  
4 distribution channel prep as  
5 contributing to the noise.  
6 BY MS. AMINOLROAYA:  
7 Q. And these were prelaunch  
8 activities for Opana ER, correct?  
9 MR. DAVIS: Objection to  
10 form.  
11 THE WITNESS: It says  
12 prelaunch, so that's what this  
13 slide would seem to indicate. I  
14 don't know that of my own.  
15 BY MS. AMINOLROAYA:  
16 Q. Thank you. You can set that  
17 aside.  
18 And you put on CME through  
19 the NICP, correct?  
20 MR. DAVIS: Objection to  
21 form.  
22 THE WITNESS: No. CME is  
23 conducted by the independent  
24 educational provider, the CE

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1 provider.  
2 So as the -- as in my role  
3 in clinical development and  
4 education, we supported, through  
5 educational grants, the  
6 independent CE. And the providers  
7 executed them, and the faculty.  
8 BY MS. AMINOLROAYA:  
9 Q. So Endo supported CME,  
10 correct?  
11 A. Yes.  
12 Q. With money?  
13 A. Correct. With resources,  
14 yes.  
15 Q. A lot of money?  
16 MR. DAVIS: Objection to  
17 form.  
18 MS. AMINOLROAYA: Can I have  
19 1306, please?  
20 VIDEO TECHNICIAN: Going off  
21 the record. 1:27 p.m.  
22 - - -  
23 (Whereupon, a brief recess  
24 was taken.)

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1 - - -  
2 VIDEO TECHNICIAN: Back on  
3 the record at 1:29 p.m.  
4 MS. AMINOLROAYA: Ms.  
5 Kitlinski, I'm handing you what's  
6 been marked as Exhibit-15. This  
7 is KP360\_OHIOMDL\_000050938, and  
8 it's E1306.  
9 - - -  
10 (Whereupon, Endo-Kitlinski  
11 Exhibit-15,  
12 KP360\_OHIOMDL\_000050938-1097, was  
13 marked for identification.)  
14 - - -  
15 THE WITNESS: Thank you.  
16 BY MS. AMINOLROAYA:  
17 Q. And if you look at the  
18 bottom of the first page, the copyright  
19 is 2005.  
20 And these are slides for a  
21 National Initiative on Pain Control  
22 program entitled, Opioid Analgesia:  
23 Practical Treatment of the Patient With  
24 Chronic Pain.

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1 Have you seen these before,  
2 Ms. Kitlinski?  
3 A. I have seen these before, at  
4 the time I was still working at Endo. I  
5 have not seen them since I left.  
6 Q. Do these -- these are slides  
7 for a CME presentation, correct?  
8 MR. DAVIS: Objection to  
9 form.  
10 THE WITNESS: Let's just  
11 take a quick perusal through here.  
12 They are NIPC slides. And  
13 the NIPC slides were used for  
14 independent education. Some CME,  
15 there might have been pharmacy  
16 education as well. But definitely  
17 accredited continuing education.  
18 BY MS. AMINOLROAYA:  
19 Q. And Endo used the NIPC to  
20 deliver messaging that was helpful for  
21 Endo, right?  
22 MR. DAVIS: Objection to  
23 form.  
24 THE WITNESS: No. Endo

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1 supported an independent  
2 educational grant for the NIPC to  
3 assure that sound pain management  
4 practices, in terms of assessment,  
5 patient identification,  
6 identification of relative risks  
7 for -- whether it be adverse  
8 effects associated with  
9 medications that are opioids or  
10 otherwise, and providing an  
11 opportunity for clinicians to  
12 learn how to identify patients at  
13 greater risk of abuse, misuse and  
14 addiction and to take proactive  
15 steps and consider whether opioids  
16 are, indeed, treatment options for  
17 them, or other modalities would be  
18 more appropriate.  
19 BY MS. AMINOLROAYA:  
20 Q. And Opana ER was launched in  
21 the summer of 2006; is that correct?  
22 A. I recall it was 2006. I'm  
23 sorry, I don't recall when -- when during  
24 the course of the year.

<p style="text-align: right;">Page 178</p> <p>1 Q. That's fine. 2006 is fine. 2 If you'd turn to Page 149 of 3 the document. And this is a slide on 4 pain control studies. 5 And if you turn back just 6 two pages to Page 146, it says, Recent 7 developments in opioid therapy. 8 And one of these recent 9 developments is pain control studies of 10 oxymorphone ER, correct? 11 A. If you'll just give me a 12 little moment to look at this section 13 here, because it's been a long time. 14 All right. If you could 15 repeat your question for me, please, I'd 16 appreciate it. 17 Q. One of the -- this page, one 18 of the pages in the slide deck for the 19 NIPC in 2005, was regarding pain control 20 studies on oxymorphone ER, correct? 21 A. Yes. The slide on Page 149 22 is entitled, Pain Control Studies for 23 Oxymorphone ER. 24 Q. And these were studies that</p>	<p style="text-align: right;">Page 180</p> <p>1 just to make sure we're looking at things 2 in context, is recent developments in 3 opioid therapy. 4 And so the first slide in 5 this section talks about transdermal 6 fentanyl, which is -- also, had not been 7 approved by the FDA for that use at this 8 time. 9 Q. I'm sorry, Ms. Kitlinski, I 10 think we're just not on the same page 11 here. I apologize, but my question had 12 nothing to do with transdermal fentanyl. 13 I was just asking if 2005, 14 the year of the slide deck, was before 15 the launch of Opana ER? 16 MR. DAVIS: I would really 17 appreciate you not interrupting 18 Ms. Kitlinski's answers. It may 19 not be the answer you want, but 20 it's her answer and she's entitled 21 to give it in full. 22 THE WITNESS: I do need to 23 put things in context, because -- 24 and perhaps I misunderstood your</p>
<p style="text-align: right;">Page 179</p> <p>1 were conducted regarding Opana ER, 2 correct? 3 MR. DAVIS: Objection to 4 form. 5 THE WITNESS: Oxymorphone ER 6 is Opana ER. It is not 7 appropriate to use brand names in 8 accredited CE, unless there's a 9 particular reason for it, you 10 know, to avoid confusion or 11 something like that. 12 BY MS. AMINOLROAYA: 13 Q. And this was a reference to 14 studies that had been conducted for 15 oxymorphone ER in the NIPC materials, 16 correct? 17 A. This references the NIPC 18 materials, yes. And it was talking about 19 the pain control studies. 20 Q. And this is a year before -- 21 or the year prior to Opana ER being 22 launched, correct? 23 A. Well, again, this whole 24 section here, which starts on Page 146,</p>	<p style="text-align: right;">Page 181</p> <p>1 intent, which it seemed that we 2 were talking about Opana ER in a 3 context before the drug was 4 approved. That is not permissible 5 in the field of scientific 6 exchange. 7 And all I was trying to 8 point out was in the NIPC, which 9 is an FDA and ACCME approved 10 medium of scientific exchange, it 11 is permissible to discuss clinical 12 studies that have been done on 13 agents that haven't yet been 14 approved by the FDA, provided you 15 are not making any claims and 16 provided it's done so -- in a 17 balanced and unbiased method. 18 And so while there is a 19 discussion of oxymorphone, there 20 is also a discussion of all of the 21 other modalities that are being 22 used in opioid therapy that are -- 23 you know, were pending before the 24 FDA at that time.</p>

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1 So I didn't mean to go  
2 overboard on what you were  
3 looking, I just wanted to provide  
4 the appropriate context.  
5 BY MS. AMINOLROAYA:  
6 Q. I think that was -- I asked  
7 you if 2005 was before the launch of  
8 Opana ER. And you spent about 120  
9 seconds giving an answer about something  
10 that is not in answer to the question  
11 that I asked.  
12 So I would appreciate it if  
13 you could stick to my question.  
14 A. Sure. Yes.  
15 Q. Thank you.  
16 And you would agree that a  
17 manufacturer like Endo is not allowed to  
18 promote its drug prior to FDA approval?  
19 MR. DAVIS: Objection to  
20 form.  
21 THE WITNESS: This is -- is  
22 not the manufacturer promoting its  
23 drug.  
24 I agree with you, a

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1 manufacturer is not allowed to  
2 promote its drug --  
3 BY MS. AMINOLROAYA:  
4 Q. Thank you.  
5 A. -- prior to approval.  
6 May I add one sentence to  
7 that?  
8 Q. You can do it with your  
9 counsel.  
10 THE WITNESS: I was just  
11 going to say --  
12 MR. DAVIS: We can talk  
13 about that later.  
14 MS. AMINOLROAYA: 1313,  
15 please. We're skipping one  
16 exhibit, 16, and going on to 17.  
17 We added that sticker to another  
18 document we're not using.  
19 Exhibit-17 is  
20 MDL\_KP360\_000000002. It's E1313.  
21 - - -  
22 (Whereupon, Endo-Kitlinski  
23 Exhibit-17, MDL\_KP360\_000000002,  
24 with attachment, was marked for

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1 identification.)  
2 - - -  
3 BY MS. AMINOLROAYA:  
4 Q. And I'll represent to you,  
5 Ms. Kitlinski, this was produced to us by  
6 Ashfield, which is the successor to  
7 KnowledgePoint360.  
8 Did KnowledgePoint360 and  
9 Professional Postgraduate Services  
10 administer the NIPC?  
11 MR. DAVIS: Objection to  
12 form.  
13 THE WITNESS: I'll answer  
14 this question partially.  
15 Professional Postgraduate Services  
16 did administer NIPC. I don't know  
17 what KnowledgePoint360 is. So if  
18 I could look at the documents and  
19 refresh my memory.  
20 BY MS. AMINOLROAYA:  
21 Q. Sure. And I think if you  
22 look at the second page, that will  
23 provide some clarification on this.  
24 A. Okay.

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1 Q. If you look at the Row 5 it  
2 says, sponsored by Professional  
3 Postgraduate Services, PPS, a division of  
4 KnowledgePoint360.  
5 A. Okay. Thank you.  
6 Q. And I'll represent to you  
7 that these were jobs that were produced  
8 to us by Ashfield that they conducted  
9 between 2003 and 2012 for Endo.  
10 Starting on Page 4 of the  
11 document, if you look at the Column E, it  
12 says, Grant amount.  
13 A. Yes.  
14 Q. And, for example, Job B214  
15 is Newsletter Number 1, and there's a  
16 grant amount of \$96,680.  
17 Did NIPC publish -- or did  
18 Physician Professional Postgraduate  
19 Services publish newsletters as part of  
20 the NIPC?  
21 A. Yes.  
22 MR. DAVIS: Objection to  
23 form.  
24 BY MS. AMINOLROAYA:

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1 Q. And did Physicians -- I'll  
2 just use the acronym here, PPS.  
3 Did PPS administer dinner  
4 dialogues for NIPC, such as the one  
5 listed in Number 7?  
6 MR. DAVIS: Objection to  
7 form.  
8 THE WITNESS: Yes.  
9 Professional Postgraduate Services  
10 coordinated the dinner dialogues.  
11 Those were the live meetings that  
12 I referenced earlier.  
13 BY MS. AMINOLROAYA:  
14 Q. Thank you.  
15 And we can -- you can see,  
16 in the rest of the document, this  
17 continues. And we won't take the jury's  
18 time of going through -- by going through  
19 the entire document.  
20 But the rest of the document  
21 lists grant amounts for each of these  
22 activities between 2003 and 2012. And we  
23 won't sit here and add up all these grant  
24 amounts.

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1 But you were responsible for  
2 submitting requests and obtaining  
3 approval for grants of money that went to  
4 support NIPC activities, correct?  
5 MR. DAVIS: Objection to  
6 form.  
7 THE WITNESS: No, actually,  
8 it was the other way around. So  
9 there was an online grant portal  
10 that independent education  
11 providers, such as Professional  
12 Postgraduate Services, would  
13 propose an educational grant  
14 request for.  
15 It would be submitted  
16 through the grant portal, and then  
17 we would evaluate the grant at the  
18 educational grant committee  
19 meeting.  
20 BY MS. AMINOLROAYA:  
21 Q. Endo set up the NIPC,  
22 correct?  
23 MR. DAVIS: Objection to  
24 form.

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1 THE WITNESS: Endo provided  
2 the educational grant support for  
3 the NIPC.  
4 MS. AMINOLROAYA: I'm  
5 handing you what's been marked as  
6 Exhibit-18. This is E1324,  
7 END00152457.  
8 THE WITNESS: Thank you.  
9 - - -  
10 (Whereupon, Endo-Kitlinski  
11 Exhibit-18, END00152457-473, was  
12 marked for identification.)  
13 - - -  
14 BY MS. AMINOLROAYA:  
15 Q. And you'll see the top  
16 e-mail is from Timothy Byrne to a number  
17 of your colleagues -- former colleagues  
18 at Endo, including you, it's dated April  
19 7th, 2011.  
20 The subject is, Biden  
21 letter, Endo's efforts to address  
22 prescription medicine abuse and misuse.  
23 And Mr. Byrne was Endo's  
24 senior director of public policy,

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1 correct?  
2 A. He was -- I don't recall his  
3 exact title. That was his department,  
4 though, yes. I don't know his exact  
5 title.  
6 Q. And Mr. Byrne writes to you  
7 and your colleagues, Many thanks again to  
8 all of you for reviewing and for  
9 providing the substance to make this a  
10 meaningful document. Ivan reviewed,  
11 approved and signed. Attached is the  
12 document that was sent to Vice President  
13 Biden.  
14 So this was a submission you  
15 were making to the Vice President of the  
16 United States, correct?  
17 MR. DAVIS: Objection to  
18 form.  
19 THE WITNESS: If you'll just  
20 give me a moment to review the  
21 document. Again, I don't --  
22 BY MS. AMINOLROAYA:  
23 Q. Sure. I can tell you I'm  
24 only just going to ask you about one

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1 page --  
2 A. No, I just want to --  
3 Q. -- a few words on one page.  
4 A. I'm just interested in the  
5 context of it.  
6 Q. I'm going to ask you about  
7 the top of 1324.10.  
8 A. Okay.  
9 Okay. Yes, I see what you  
10 mean by established. It was our -- it  
11 was our initiative that we had supported  
12 from the start.  
13 Q. So here on the top of Page  
14 10, it says, National Initiative on Pain  
15 Control, NIPC, integrated, independent,  
16 educational initiative established and  
17 supported by Endo since 2001.  
18 A. Yes.  
19 Q. Did I read that correctly?  
20 A. Yes, you did.  
21 Q. Are you aware of any other  
22 supporters of the NIPC since 2001?  
23 A. No.  
24 Q. You can hang on to this,

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1 we'll probably come back to it in a few  
2 minutes.  
3 A. And, again, as I said, it  
4 was supported by Endo through an  
5 unrestricted educational grant, and that  
6 was the NIPC; the establishment of the  
7 NIPC was by virtue of the fact that Endo  
8 provided the grant.  
9 MS. AMINOLROAYA: Move to  
10 strike the entire answer.  
11 BY MS. AMINOLROAYA:  
12 Q. And going back to a prior  
13 document, which was the Ashfield  
14 spreadsheet, the spreadsheet of grants  
15 that Endo provided between 2000 and 2012,  
16 we won't take the jury's time up adding  
17 this up.  
18 I'm going to hand you a  
19 summary of this spreadsheet that contains  
20 the grants for each year between 2003 and  
21 2012, payments to NIPC during that time  
22 period. The source is, of this document,  
23 MDL\_KP360\_000000008, which we just marked  
24 as an exhibit.

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1 MR. DAVIS: Do you have  
2 copies, please?  
3 MS. AMINOLROAYA: And if you  
4 could just hand me back that  
5 document for a moment, I'm going  
6 to add an exhibit number to this.  
7 - - -  
8 (Whereupon, Endo-Kitlinski  
9 Exhibit-19, No Bates, Endo Payment  
10 to NIPC, 2003-2012, was marked for  
11 identification.)  
12 - - -  
13 MS. AMINOLROAYA: For the  
14 record, this is Exhibit-19. A  
15 summary chart of Endo payments to  
16 NIPC from 2003 to 2012. The  
17 source is MDLKP-360\_000000002.  
18 BY MS. AMINOLROAYA:  
19 Q. And the total amount of  
20 money that Endo paid to NIPC between  
21 these years is over \$31 million?  
22 MR. DAVIS: Objection to  
23 form.  
24 THE WITNESS: That's what

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1 the -- I presume that you totaled  
2 this up accurately. I don't know  
3 of my recollection what the budget  
4 was.  
5 BY MS. AMINOLROAYA:  
6 Q. And Endo made payments to  
7 NIPC before 2003 as well, correct?  
8 MR. DAVIS: Objection to  
9 form.  
10 THE WITNESS: The initiative  
11 was established in the early  
12 2000s. Again, without having  
13 access to my documents, you know,  
14 looking back almost 20 years, I  
15 don't recall the exact date.  
16 But you have the materials  
17 in your files from -- you know,  
18 from the materials I compiled at  
19 Endo that would allow you to look  
20 at that.  
21 BY MS. AMINOLROAYA:  
22 Q. Did you ever have occasion  
23 to attend any of the programming that  
24 NIPC administered?

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1 A. Yes.  
2 MR. DAVIS: Objection to  
3 form.  
4 BY MS. AMINOLROAYA:  
5 Q. What types of programming  
6 did you attend?  
7 A. I made it a point to be sure  
8 that I -- either myself or a member of  
9 our department, attended at least the  
10 first of each new series, to make sure  
11 that the content that was presented was  
12 consistent with what the CE provider had  
13 indicated they were going to do in their  
14 grant proposal, to make sure that it was  
15 compliant with ACCME guidelines and OIG  
16 and FDA guidelines, and to make sure that  
17 there was no misrepresentation of  
18 factually inaccurate information, medical  
19 information, about Endo's products.  
20 That type of auditing is  
21 very -- is very common in the CE world.  
22 Some companies hire external consultants,  
23 if they don't have an internal staff  
24 member. We made sure that things were

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1 compliant on our own.  
2 Q. And were recordings of --  
3 strike that.  
4 Did you ever attend an NIPC  
5 sponsored dinner dialogue?  
6 A. Yes.  
7 Q. And were recordings of  
8 NIPC's sponsored dinner dialogues kept  
9 for reference or made available to  
10 participants after the program?  
11 MR. DAVIS: Objection to  
12 form.  
13 THE WITNESS: There were the  
14 enduring materials. So, again, if  
15 you recall, we talked about the  
16 different formats.  
17 So the -- they did not  
18 record the dinner dialogue, per  
19 se, a live program recording, we  
20 weren't that advanced at that  
21 time. But what they did do was  
22 they would have an online version  
23 of a dinner dialogue. Towards the  
24 end of NIPC, they actually did

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1 post those.  
2 And then they also had the  
3 video -- I mean, the audio  
4 conference recordings and the  
5 newsletters, as I mentioned  
6 earlier, so that people had four  
7 different types of learning  
8 activities.  
9 BY MS. AMINOLROAYA:  
10 Q. So there were --  
11 A. I want to -- I just want to  
12 restate something, to make sure I didn't  
13 misspeak.  
14 I don't -- I don't know for  
15 a fact whether they actually recorded it  
16 on site. Because I never did see that  
17 myself.  
18 So there was -- there were  
19 dinner dialogue content posted online. I  
20 don't know for a fact where that was  
21 recorded.  
22 Q. All right. Let's talk about  
23 one of the NIPC dinner dialogues.  
24 Advances in opioid analgesia, maximizing

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1 benefits while minimizing risks.  
2 Does that sound like -- does  
3 that sound familiar?  
4 A. Do you have the paperwork  
5 that goes along with it that I could look  
6 at, or is it in this stack here?  
7 Q. It's not.  
8 MS. AMINOLROAYA: I don't  
9 know if we have the document or  
10 not.  
11 BY MS. AMINOLROAYA:  
12 Q. Did you know some of the  
13 speakers for the NIPC dinner dialogues?  
14 MR. DAVIS: Objection to  
15 form.  
16 THE WITNESS: Again, each of  
17 the series had a -- the faculty  
18 council, you know, that we looked  
19 at earlier. And so, certainly,  
20 that group of speakers that we  
21 looked at for that particular  
22 series, we know who they were.  
23 But off the top of my head,  
24 to know who the other faculty were

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1 for the other years, I don't -- I  
2 don't have access to those  
3 documents.  
4 BY MS. AMINOLROAYA:  
5 Q. Was Dr. Argoff one of the  
6 faculty for the NIPC dinner dialogues?  
7 A. Dr. Argoff was a -- we  
8 looked at him on the previous one, he was  
9 a member of the NIPC faculty and the  
10 council.  
11 Q. And he would have received  
12 an honoraria every time he spoke at one  
13 of these NIPC dinner dialogues, correct?  
14 A. Any time a faculty member  
15 speaks at a CME activity, unless --  
16 unless they, for whatever reason,  
17 requested not to receive an honorarium,  
18 they would receive an honorarium for fair  
19 market value, as determined by the CE  
20 provider.  
21 Q. And was Dr. Argoff one of  
22 the regular speakers at the NIPC dinner  
23 dialogues?  
24 MR. DAVIS: Objection to

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1 form.  
2 THE WITNESS: Again, there  
3 was a designated group of faculty  
4 for each topic. And so the NIPC  
5 Professional Postgraduate Services  
6 folks would assign the faculty,  
7 based on things like their  
8 availability, the logistics,  
9 geographic proximity to where the  
10 activity is being held, whether  
11 there was a particular audience  
12 that that visiting faculty member  
13 was a member of.  
14 MS. AMINOLROAYA: I'm  
15 handing you what's been marked as  
16 Exhibit-20. It's  
17 KP360\_OHIOMDL\_000003707, E1347.  
18 - - -  
19 (Whereupon, Endo-Kitlinski  
20 Exhibit-20,  
21 KP360\_OHIOMDL\_000003707, was  
22 marked for identification.)  
23 - - -  
24

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1 BY MS. AMINOLROAYA:  
2 Q. This is a letter --  
3 MR. DAVIS: Let's clean this  
4 up.  
5 BY MS. AMINOLROAYA:  
6 Q. -- to Dr. Argoff saying,  
7 Thank you for contributing both your time  
8 and expertise to make the National  
9 Initiative on Pain Control dinner  
10 dialogue series entitled, Advances in  
11 Opioid Analgesia, Maximizing Benefit  
12 While Minimizing Risk, a success.  
13 Enclosed please find your honorarium  
14 check in the amount of \$7,500 for the  
15 Parsippany, New Jersey, Roslyn, New York,  
16 and White Plains, New York meetings. We  
17 look forward to working with you in the  
18 future.  
19 Did I read that correctly?  
20 A. Yes.  
21 Q. And that's from Marilyn  
22 Rodas at Thomson Professional  
23 Postgraduate Services?  
24 A. Correct.

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1 Q. So Dr. Argoff is receiving a  
2 check here for \$7,500 for three NIPC  
3 dinner dialogues, correct?  
4 A. Correct. This is -- that's  
5 what this letter states.  
6 Q. And Dr. Argoff would have  
7 received checks like this every time he  
8 did a dinner dialogue, if he did more,  
9 correct?  
10 MR. DAVIS: Objection to  
11 form.  
12 THE WITNESS: All of the  
13 faculty for any CE activity would  
14 receive an appropriate honorarium  
15 that was consistent with the fair  
16 market value of the CE and the  
17 activity that they were  
18 conducting.  
19 BY MS. AMINOLROAYA:  
20 Q. Just to help us keep track  
21 of payments to different doctors -- and  
22 Dr. Argoff would be considered a KOL?  
23 A. We use the term TE,  
24 therapeutic expert, because the reason

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1 these individuals are speaking at these  
2 accredited educational activities is  
3 because they are the therapeutic experts  
4 in whatever the subject matter is.  
5 So a key opinion leader is  
6 more somebody who is, you know, designed  
7 to sway opinions, oftentimes, as opposed  
8 to these are people who are the  
9 therapeutic experts and knowledgeable  
10 about the best evidence medicine at the  
11 time.  
12 And when I say "we use the  
13 term," I was referring to our department.  
14 I know that different departments across  
15 companies use different terms, KOLs,  
16 thought leaders, you know, whatever.  
17 Q. You would agree that Dr.  
18 Argoff is a recognized doctor in his  
19 field?  
20 MR. DAVIS: Objection to  
21 form.  
22 THE WITNESS: He is a  
23 therapeutic expert, yes.  
24 MS. AMINOLROAYA: I think I

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1 will use the Elmo. So I'd just  
2 like -- to help us keep track of a  
3 few things for the rest of the  
4 afternoon, we're going to use the  
5 Elmo. Hopefully, I can figure  
6 this out.  
7 And I'll hand you a copy of  
8 it as well, but you'll be able to  
9 see it on the Elmo.  
10 We'll mark this as --  
11 MR. DAVIS: Another copy,  
12 please.  
13 MS. AMINOLROAYA: We'll turn  
14 back to that in a moment.  
15 BY MS. AMINOLROAYA:  
16 Q. We mentioned before there  
17 were some NIPC dinner dialogues -- you  
18 confirmed before there that were some  
19 NIPC dinner dialogues that were recorded  
20 for usage in the future, correct?  
21 A. Again, what I said was I  
22 wasn't sure if they were recorded or if  
23 they had an online -- in other words,  
24 were they recorded live while someone was

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1 speaking, or was it that someone taped  
2 a -- you know, the content of the dinner  
3 dialogue and posted that directly online.  
4 I just don't know if it was a live  
5 program that was recording.  
6 Q. And just going back to this  
7 document to help us keep track of some of  
8 the documents we're going through.  
9 We just looked at a document  
10 sending an honorarium to Dr. Argoff, and  
11 that was -- and he received thousands of  
12 dollars for his participation in this  
13 dinner dialogue, correct?  
14 MR. DAVIS: Objection to  
15 form.  
16 THE WITNESS: He received  
17 \$7,500 for three presentations,  
18 which was, I presume, the -- which  
19 was -- our policy for honoraria,  
20 first of all, it's set by the CE  
21 provider, not by us.  
22 But it must meet the fair  
23 market value ranges that are  
24 established.

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1 BY MS. AMINOLROAYA:  
2 Q. Okay. And you would agree  
3 with me that \$7,500 is thousands of  
4 dollars?  
5 A. For three programs, yes.  
6 Q. So we're going to write  
7 down, thousands of dollars for Dr.  
8 Argoff.  
9 He received payments,  
10 correct?  
11 A. Yes. Indirect has been  
12 taken away. I was wondering what that  
13 meant.  
14 Q. We can put indirect back.  
15 A. No, no. I thought you were  
16 right taking it away, because I was going  
17 to say I didn't know what indirect meant.  
18 Q. Taking indirect away, as you  
19 suggested.  
20 And these programs were a  
21 couple of hours, correct?  
22 A. Correct.  
23 Q. So I'll spare the -- I'd  
24 like to listen to one of them, I'll spare

<p style="text-align: right;">Page 206</p> <p>1 the jury from listening to the full  2 presentation, but we'll play a portion of  3 Dr. Argoff and Dr. Ford's presentation at  4 one of the NIPC dinners, Advances in  5 Opioid Analgesia, Maximizing Benefit and  6 Minimizing Risks.  7 MR. DAVIS: You're going to  8 play a recording of the --  9 MS. AMINOLROAYA: CME, yes.  10 MR. DAVIS: And you're just  11 going to play a portion of it, not  12 the entire thing?  13 MS. AMINOLROAYA: Yes.  14 MR. DAVIS: Are you going to  15 ask Ms. Kitlinski questions about  16 the portions you're about to play?  17 MS. AMINOLROAYA: Yes.  18 MR. DAVIS: I'm going to  19 object to Ms. Kitlinski answering  20 any questions about the portion of  21 a dinner dialogue, without  22 listening to the entire thing.  23 That's the same as showing her  24 about one page of a ten-page</p>	<p style="text-align: right;">Page 208</p> <p>1 And that's not going to be on the  2 record. So let's go off for a  3 second, please.  4 MR. BUCHANAN: Who's your  5 client? You work for Endo, not  6 for Ms. Kitlinski.  7 MR. DAVIS: I do work for  8 Ms. Kitlinski as well.  9 But let's -- we're going to  10 go off the record for this  11 conversation.  12 VIDEO TECHNICIAN: Going off  13 the record. The time is 2:02 p.m.  14 - - -  15 (Whereupon, a brief recess  16 was taken.)  17 - - -  18 VIDEO TECHNICIAN: We're  19 back on record. The time is 2:06  20 p.m.  21 MR. DAVIS: So prior to any  22 questioning about the excerpt or  23 snippet of whatever recording you  24 intend to play, I just want to</p>
<p style="text-align: right;">Page 207</p> <p>1 document. She's got to have the  2 whole thing for the full context.  3 MR. BUCHANAN: I disagree,  4 counsel. Ms. Kitlinski attended  5 hours and hours of meetings.  6 She's not being asked for  7 everything that happened in hours  8 and hours of meetings.  9 MR. DAVIS: I don't know  10 what she's going to be asked about  11 and I don't know what the context  12 of what you're about to play is.  13 MR. BUCHANAN: You're  14 objection is noted.  15 MR. DAVIS: I don't know  16 what -- I'm not going to let Ms.  17 Kitlinski -- can we go off the  18 record for a second?  19 MR. BUCHANAN: No, it should  20 be on the record.  21 MS. AMINOLROAYA: It should  22 be on the record.  23 MR. DAVIS: I'd like to talk  24 to my client about this, if I may.</p>	<p style="text-align: right;">Page 209</p> <p>1 lodge an objection for the record.  2 We're going to permit Ms.  3 Kitlinski to answer questions, but  4 we think it's highly inappropriate  5 to be asking her questions about  6 just portions of some recording  7 that you're representing was a  8 recording from NIPC, some dinner  9 dialogue. It's no different than  10 asking her about a single page of  11 a ten-page document without  12 letting her review the entire  13 document.  14 So we think all of these  15 questions about this recording are  16 inappropriate, are objectionable.  17 But we're going to permit Ms.  18 Kitlinski to answer.  19 BY MS. AMINOLROAYA:  20 Q. Ms. Kitlinski, you testified  21 earlier that you attended NIPC dinner  22 dialogues periodically, correct?  23 A. Yes.  24 Q. And did you ever see</p>

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1 invitations for these dinners?  
2 A. Yes.  
3 Q. I'm handing you what's been  
4 marked as Exhibit-22.  
5 - - -  
6 (Whereupon, Endo-Kitlinski  
7 Exhibit-22,  
8 KP360\_OHIOMDL\_000003328-329, was  
9 marked for identification.)  
10 - - -  
11 BY MS. AMINOLROAYA:  
12 Q. Is this an invitation to  
13 join your colleagues for an interactive  
14 case-based discussion on advances in  
15 opioid analgesia, maximizing benefit  
16 while minimizing risk dinner dialogue  
17 series?  
18 Did I read that correctly?  
19 A. Yes.  
20 Q. And the date here is  
21 Wednesday, November 8th, 2006, correct?  
22 A. Correct.  
23 Q. And the speakers are Dr.  
24 Grace Ford and Dr. Argoff?

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1 A. Yes.  
2 Q. And this is taking place in  
3 Roslyn, New York. You can set that  
4 aside.  
5 MS. AMINOLROAYA: So we'll  
6 mark for the record Exhibit-23,  
7 which is E1314. Advances in  
8 Opioid Analgesia, Maximizing  
9 Benefits While Minimizing Risks.  
10 It's Bates stamped KP360 Ohio  
11 MDL00009569, produced to us by  
12 Ashfield.  
13 And I believe the trial tech  
14 will help us out here.  
15 - - -  
16 (Whereupon, Endo-Kitlinski  
17 Exhibit-23,  
18 KP360\_OHIOMDL\_00009569, was marked  
19 for identification.)  
20 - - -  
21 THE WITNESS: If I may at  
22 least have a moment to read the  
23 full back of this, because this  
24 details the educational objectives

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1 and the synopsis of what we should  
2 be hearing.  
3 MS. AMINOLROAYA: Sure.  
4 BY MS. AMINOLROAYA:  
5 Q. My question is not about the  
6 educational objectives. You're welcome  
7 to read it.  
8 A. Thank you.  
9 All right. I finished  
10 reading that.  
11 MS. AMINOLROAYA: The trial  
12 tech will play an excerpt of this  
13 dinner dialogue for us.  
14 (Whereupon, a video  
15 recording was played.)  
16 MR. DAVIS: Can you provide  
17 a time stamp, please, Mr. Trial  
18 Tech?  
19 MS. AMINOLROAYA: The first  
20 portion is from 0 to 14 seconds.  
21 TRIAL TECHNICIAN: This next  
22 portion will be from 1 minute and  
23 10 seconds to 1 minute and 18  
24 seconds.

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1 (Whereupon, the video  
2 recording was played.)  
3 - - -  
4 MS. AMINOLROAYA: The next  
5 portion of the tape is -- I'm  
6 sorry, go ahead, you have it.  
7 MR. KUNYS: The third  
8 portion is from 3 minutes and 40  
9 seconds to 3 minutes and 50  
10 seconds.  
11 (Whereupon, the video  
12 recording was played.)  
13 MR. KUNYS: And the fourth  
14 portion is from 17 minutes and 45  
15 seconds to 18 minutes and two  
16 seconds.  
17 (Whereupon, a video  
18 recording was played.)  
19 BY MS. AMINOLROAYA:  
20 Q. Ms. Kitlinski, this was a  
21 dinner dialogue that was being given by  
22 Drs. Ford and Argoff, correct?  
23 MR. DAVIS: Objection to  
24 form. I am going to object again

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1 to all questions regarding the  
2 snippets we just heard. We heard  
3 a snippet from the first minute, a  
4 snippet from the third minute, a  
5 snippet from the 17th and 18th  
6 minute. None of the speakers were  
7 identified during the course of  
8 that recording.  
9 So you can answer, Ms.  
10 Kitlinski. But, again, I'm going  
11 to object to all of these  
12 questions as inappropriate.  
13 MS. AMINOLROAYA: You can  
14 have an objection to this.  
15 BY MS. AMINOLROAYA:  
16 Q. Do you recognize Dr. Ford's  
17 voice?  
18 A. I do.  
19 Q. And was Dr. Ford discussing  
20 the JCAHO standard for pain treatment?  
21 A. Can you just play through  
22 those again? Because each one of them  
23 were kind of cut off, the first --  
24 beginning of it and, you know --

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1 MS. AMINOLROAYA: Sure. Why  
2 don't we play the last, the fourth  
3 snippet.  
4 (Whereupon, a video  
5 recording was played.)  
6 MR. KUNYS: For the record,  
7 this will be from 17 minutes and  
8 45 seconds to 18 minutes and two  
9 seconds.  
10 BY MS. AMINOLROAYA:  
11 Q. Did Ms. Ford -- did Dr.  
12 Ford, rather, state that comprehensive  
13 assessment of pain is a requirement of  
14 the JCAHO standards?  
15 MR. DAVIS: Objection.  
16 THE WITNESS: She stated  
17 that comprehensive assessment of  
18 pain is required -- her first part  
19 of the sentence was, is required  
20 for appropriate treatment, or --  
21 exactly her words there. And then  
22 she indicated that it was --  
23 appropriate assessment was also  
24 required by the joint commission.

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1 And that pain was the fifth vital  
2 sign.  
3 BY MS. AMINOLROAYA:  
4 Q. And was this a new standard  
5 in the treatment of pain, a new medical  
6 center in the treatment of pain?  
7 MR. DAVIS: Objection to  
8 form.  
9 THE WITNESS: What is the --  
10 what is the date on this  
11 particular --  
12 BY MS. AMINOLROAYA:  
13 Q. So we know that, referring  
14 back to the invitation, the date of this  
15 program --  
16 A. 2006.  
17 Q. -- is November 8th, 2006.  
18 A. So the joint commission  
19 earlier in the 2000s had -- and I'm  
20 sorry, I don't know when, so I shouldn't  
21 even say earlier in the 2000s.  
22 The joint commission had  
23 made pain a fifth vital sign and mandated  
24 that institutions evaluate that in all

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1 patients. I'm sorry, I don't know the  
2 date of that.  
3 Q. And this was a new standard  
4 that JCAHO introduced, correct?  
5 A. It was new in that it hadn't  
6 been in place for 50 years. But I don't  
7 know, again, what the inception of it  
8 was.  
9 Q. And Dr. Ford advised that  
10 doctors who were in attendance at this  
11 dinner dialogue, that they would be sued  
12 if they did not conduct the JCAHO -- or  
13 the comprehensive assessment pursuant to  
14 the JCAHO standard, correct?  
15 MR. DAVIS: Objection again.  
16 And objection to the form.  
17 THE WITNESS: I heard what  
18 she said, as we all did. What she  
19 meant by that, I'm not certain.  
20 BY MS. AMINOLROAYA:  
21 Q. And this was a presentation  
22 regarding advances in opioid analgesia,  
23 correct?  
24 MR. DAVIS: Objection. And

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1 objection to form.  
2 THE WITNESS: The title was  
3 to maximize benefit while  
4 minimizing risk.  
5 And, again, the whole  
6 environment and Endo's, indeed,  
7 focus on opioid, responsible  
8 opioid analgesia, has always been  
9 how to optimize the benefit for  
10 patients and, yet, at the same  
11 time, mitigate the risks to the  
12 extent that that is possible with  
13 an opioid.  
14 BY MS. AMINOLROAYA:  
15 Q. And one of the things Dr.  
16 Ford was telling doctors at this  
17 presentation -- well, strike that.  
18 This was November 2006. So  
19 was this in the time period that Opana ER  
20 was being launched?  
21 MR. DAVIS: Objection to  
22 form.  
23 THE WITNESS: As I said  
24 earlier, I do know that Opana was

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1 launched in 2006. I don't know  
2 the month, however. So it was  
3 that year.  
4 BY MS. AMINOLROAYA:  
5 Q. Thank you.  
6 I'm sorry, I didn't mean to  
7 cut you off.  
8 A. No worries.  
9 Q. So in November 2006, Endo is  
10 paying for a program that threatens to  
11 sue doctors for not treating pain  
12 adequately, correct?  
13 MR. DAVIS: Objection. And  
14 objection to form.  
15 THE WITNESS: No. I don't  
16 agree with that. Dr. Ford made a  
17 comment based on her opinion.  
18 Endo cannot control -- not  
19 only can't control the content of  
20 whatever is -- and we don't know  
21 what is on the slides there,  
22 because we're not looking at it,  
23 but we cannot only control --  
24 cannot only not control the

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1 content of the activity, we also  
2 cannot control the faculty's, you  
3 know, opinions or comments that  
4 they may make during the course of  
5 it.  
6 BY MS. AMINOLROAYA:  
7 Q. Well, Endo could stop paying  
8 for this programming, right?  
9 MR. DAVIS: Objection to  
10 form.  
11 THE WITNESS: Once an  
12 educational grant has been  
13 provided to the CE provider, then  
14 the grant has been -- has been  
15 made.  
16 If someone were doing  
17 something that was at odds, from a  
18 legal perspective or a  
19 medical/legal perspective or the  
20 regulatory perspective of either  
21 the FDA or the ACCME, Endo could  
22 file an official complaint with  
23 the ACCME as the accrediting  
24 organization, and they have

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1 internal processes for determining  
2 whether there were any -- whether  
3 there were any aberrations to the  
4 CE activity.  
5 But we would not address  
6 that directly.  
7 BY MS. AMINOLROAYA:  
8 Q. Did Endo ever file a  
9 complaint against Dr. Ford?  
10 MR. DAVIS: Objection to  
11 form.  
12 THE WITNESS: I don't -- I  
13 honestly don't recall.  
14 BY MS. AMINOLROAYA:  
15 Q. Did Endo continue to make  
16 payments to the -- NIPC for the NIPC  
17 programming for another six years after  
18 this?  
19 MR. DAVIS: Objection to  
20 form.  
21 THE WITNESS: As you showed  
22 us earlier, the NIPC program  
23 continued until -- I forget if it  
24 was 2012 or '13, on the bottom of

<p style="text-align: right;">Page 222</p> <p>1 your sheet here.  2 2012.  3 BY MS. AMINOLROAYA:  4 Q. And can we agree, ma'am,  5 that in 2006, Dr. Ford was advocating for  6 doctors to comprehensively assess pain in  7 a program about opioids? Can we agree  8 that at this time, there were no studies  9 to show whether opioids -- strike that.  10 MS. AMINOLROAYA: Can I get  11 1304, please?  12 I'm handing you what's been  13 marked as Exhibit-24. It's E770.  14 This is the evidence  15 report/technology assessment,  16 Number 218, The Effectiveness and  17 Risks of Long-Term Opioid  18 Treatment and Chronic Pain.  19 Prepared by The Agency for  20 Healthcare Research and Quality.  21 - - -  22 (Whereupon, Endo-Kitlinski  23 Exhibit-24, No Bates, The  24 Effectiveness and Risks of</p>	<p style="text-align: right;">Page 224</p> <p>1 Objectives. Chronic pain is common and  2 use of long-term opioid therapy for  3 chronic pain has increased dramatically.  4 This report reviews the current evidence  5 on effectiveness and harms of opioid  6 therapy for chronic pain, focusing on  7 long-term (longer than one year)  8 outcomes.  9 And to orient us, I should  10 have mentioned this before, the bottom of  11 Page 2 contains the date of September  12 2014. And this was prepared for the  13 Agency for Healthcare Research and  14 Quality, U.S. Department of Health and  15 Human Services, prepared by Pacific  16 Northwest Evidence-Based Practice Center,  17 Oregon Health and Science University.  18 Did I read that correctly?  19 A. Yes.  20 Q. Now turning to Page 9.  21 And the objective there, did  22 I read that correctly before?  23 I can read it one more time.  24 It says, Chronic pain is common and use</p>
<p style="text-align: right;">Page 223</p> <p>1 Long-Term Opioid Treatment of  2 Chronic Pain; Agency for  3 Healthcare Research and  4 Quality, was marked for  5 identification.)  6 MR. DAVIS: Just for the  7 record, this doesn't appear to  8 have a Bates number on it.  9 MS. AMINOLROAYA: Correct.  10 BY MS. AMINOLROAYA:  11 Q. Ms. Kitlinski, are you  12 familiar with The Agency for Healthcare  13 Research and Quality, known as AHRQ?  14 A. I'm familiar with that  15 organization. And I'm familiar,  16 generally, with this document. But I  17 haven't read it in detail.  18 Q. Okay. Let's turn to Page 33  19 of the document -- actually, before we do  20 that, let's turn to Page 9 at the top,  21 770.9.  22 It says, The Effectiveness  23 and Risks of Long-Term Opioid Treatment  24 of Chronic Pain. Structured abstract.</p>	<p style="text-align: right;">Page 225</p> <p>1 of long-term opioid therapy for chronic  2 pain has increased dramatically. This  3 report reviews the current evidence on  4 effectiveness and harms of opioid therapy  5 for chronic pain, focusing on long-term  6 (longer than one year) outcomes.  7 Did I read that correctly?  8 A. Yes.  9 Q. Turning to Page 33 of the  10 document.  11 It says, Discussion, key  12 findings and strength of evidence.  13 Second paragraph states, For  14 effectiveness and comparative  15 effectiveness, we identified no studies  16 of long-term opioid therapy in patients  17 with chronic pain versus no opioid  18 therapy or nonopioid alternative  19 therapies that evaluated outcomes at one  20 year or longer. No studies examined how  21 effectiveness varies based on various  22 factors, including type of pain and pain  23 characteristics.  24 Did I read that correctly?</p>

<p style="text-align: right;">Page 226</p> <p>1 A. Yes, you read that excerpt  2 correctly.  3 Q. And if we drop down to the  4 first sentence of the last paragraph --  5 A. Is there any reason we're  6 kind of skipping around, as opposed to  7 being able to read the -- since this is  8 the key findings and strength of  9 evidence, being able to read the entirety  10 of it?  11 Q. Sure. You can read whatever  12 you'd like with your counsel.  13 The last paragraph of this  14 page, the first sentence states, No study  15 assessed the risk of abuse, addiction or  16 related outcomes associated with  17 long-term opioid therapy use versus  18 placebo or no opioid therapy.  19 Did I read that correctly?  20 MR. DAVIS: If you'd like to  21 take time to read the context, you  22 may.  23 THE WITNESS: I'd like to  24 read these two pages, at least.</p>	<p style="text-align: right;">Page 228</p> <p>1 no evidence in September of 2014 that  2 long-term opioid therapy in patients with  3 chronic pain versus no opioid therapy or  4 nonalternative therapies, that evaluated  5 outcomes at one year or longer, was there  6 any evidence before September of 2014?  7 MR. DAVIS: Objection to  8 form.  9 THE WITNESS: Well, again,  10 and this is the importance of  11 reading the summary of the  12 document up front.  13 It also shows that the  14 evidence was insufficient to  15 establish the harms of long-term  16 opioid therapy in high-risk  17 patients or in any other  18 subgroups.  19 So the bottom line is, and  20 the reason the studies are going  21 on now, as we speak, is that in  22 order for opioid analgesics to be  23 approved by the Food and Drug  24 Administration, they have to cover</p>
<p style="text-align: right;">Page 227</p> <p>1 BY MS. AMINOLROAYA:  2 Q. Sure. Would you just answer  3 my last question, if I read that last  4 sentence correctly?  5 A. Yes, you did read the words  6 correctly.  7 Q. Thank you.  8 A. Thank you.  9 Yeah, I'd like to just read  10 the opening statement of this document  11 and then the key --  12 Q. Sure.  13 A. -- key findings there.  14 Q. Ms. Kitlinski, this is a  15 very long document and I --  16 A. No, I was just reading, as I  17 said, the abstract and the results up  18 front, as well as the key findings and  19 summary of the strength of the evidence  20 here.  21 Q. Sure. So I'll tell you my  22 question.  23 A. Okay. Great.  24 Q. My question is, if there was</p>	<p style="text-align: right;">Page 229</p> <p>1 the period of three months, is the  2 usual definition for chronic  3 opioid therapy, to determine  4 safety and efficacy. And then  5 there are long-term -- longer  6 term, out to a year, studies which  7 are often open label or otherwise,  8 you know, not optimally  9 controlled.  10 So to answer your question,  11 because of the inherent nature of  12 the FDA's requirements for opioids  13 and other medications to be  14 approved, the studies that would  15 have stated, one way or the other,  16 what you asked me had not been  17 done yet. And so that is what  18 this document is identifying,  19 evidence was insufficient to  20 evaluate benefits and harms of  21 long-term opioid therapy in  22 high-risk patients or in other  23 subgroups.  24 So those studies are now</p>

<p style="text-align: right;">Page 230</p> <p>1 being conducted by the RPC, the  2 REMS program companies. And we  3 should, hopefully, have data from  4 them to be able to guide that  5 going forward.  6 BY MS. AMINOLROAYA:  7 Q. I'm sorry, I may have misled  8 you with my question.  9 My question did not have  10 anything to do with the FDA, Ms.  11 Kitlinski.  12 My question was, in 2014, if  13 there were no long-term studies  14 evaluating the efficacy of opioids and  15 chronic pain versus no opioid therapy or  16 nonopioid therapies for one year or  17 longer in 2014, was there ever evidence  18 before 2014; yes or no?  19 A. The same evidence --  20 MR. DAVIS: Objection to  21 form.  22 THE WITNESS: The same  23 evidence exists. There are  24 different categories of evidence.</p>	<p style="text-align: right;">Page 232</p> <p>1 MR. DAVIS: Objection to  2 form.  3 THE WITNESS: No, I didn't  4 say that. No evidence of what?  5 BY MS. AMINOLROAYA:  6 Q. I asked you a question.  7 This document says, We identified no  8 long-term studies -- strike that.  9 We identified no studies of  10 long-term opioid therapy in patients with  11 chronic pain versus no opioid therapy or  12 nonopioid alternative therapies that  13 evaluated outcomes at one year or longer.  14 Did I read that correctly?  15 A. You did.  16 And so --  17 Q. Okay. Wait for a question.  18 If there were no studies in  19 2014, were there studies before 2014?  20 MR. DAVIS: Objection to  21 form.  22 THE WITNESS: There were no  23 studies of longer duration than  24 one year.</p>
<p style="text-align: right;">Page 231</p> <p>1 And they are, I'm sure,  2 discussed in this document,  3 Category A, you know, Level 1, et  4 cetera.  5 So there is evidence and  6 what clinicians are forced to go  7 by, not only in this instance, but  8 in other types of pain therapy and  9 other types of therapeutics, where  10 a three-month duration is  11 considered chronic therapy, they  12 have to be guided by the best  13 available evidence.  14 And that continues to evolve  15 as we learn more about the drugs  16 and as we learn more about the  17 public health patient safety  18 issues, which is why, as I said,  19 they are now conducting those  20 studies to be able to determine  21 that.  22 BY MS. AMINOLROAYA:  23 Q. You would agree no evidence  24 of that existed before 2014?</p>	<p style="text-align: right;">Page 233</p> <p>1 BY MS. AMINOLROAYA:  2 Q. Thank you. You can put this  3 aside.  4 A. There were also, however,  5 patients who are managed with opioid  6 therapy, despite the fact that there are  7 no long-term studies for cancer pain or  8 for other types of pain.  9 MS. AMINOLROAYA: Move to  10 strike everything after "there  11 were also, however."  12 BY MS. AMINOLROAYA:  13 Q. Did the NIPC also publish a  14 newsletter called Pain Management Today?  15 MR. DAVIS: Objection to  16 form.  17 THE WITNESS: As we've  18 discussed previously, there were  19 newsletters. I don't recall the  20 name of the newsletter, I'm sorry.  21 MR. DAVIS: It's been about  22 an hour. Why don't we take  23 another quick break? Five minutes  24 or so.</p>

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1 THE WITNESS: That would be  
2 great.  
3 MS. AMINOLROAYA: That's  
4 fine.  
5 VIDEO TECHNICIAN: Going off  
6 the record. The time is 2:32 p.m.  
7 - - -  
8 (Whereupon, a brief recess  
9 was taken.)  
10 - - -  
11 VIDEO TECHNICIAN: Back on  
12 record at 2:48 p.m.  
13 BY MS. AMINOLROAYA:  
14 Q. Ms. Kitlinski, welcome back.  
15 We just took a short break.  
16 A. Thank you.  
17 Q. And you had just testified  
18 that you recalled the newsletter that  
19 NIPC put out, correct?  
20 A. Yes, I said that I do recall  
21 there was a newsletter. I did not  
22 recall -- you mentioned the title of it,  
23 and I don't know that.  
24 MS. AMINOLROAYA: I'm

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1 handing you what's been marked  
2 Exhibit-25. It's  
3 ENDO-OPIOID\_MDL-01605952. It's  
4 E690.  
5 - - -  
6 (Whereupon, Endo-Kitlinski  
7 Exhibit-25,  
8 ENDO-OPIOID\_MDL-01605952-958, was  
9 marked for identification.)  
10 - - -  
11 BY MS. AMINOLROAYA:  
12 Q. This is --  
13 A. Pain Management Today.  
14 Q. -- Pain Management Today.  
15 It sounds like you recognize  
16 it?  
17 A. Yes. Now I do.  
18 Q. Great. And is the faculty  
19 advisor here Dr. Argoff?  
20 A. Correct.  
21 Q. And this is -- you can see  
22 the copyright date is 2001, correct?  
23 Just below Dr. Argoff's photo.  
24 A. Yes.

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1 Q. And if you turn to Page 4 of  
2 the document with me, you'll see a page  
3 entitled, Key Terms for Opioid  
4 Analgesics.  
5 And if you look in the  
6 right-hand column there, you see the term  
7 pseudoaddiction. It says,  
8 Pseudoaddiction refers to behaviors that  
9 might seem aberrant, but actually  
10 indicate inadequate treatment of pain.  
11 The behaviors resolve when the pain  
12 medication is increased and appropriate  
13 analgesia is obtained.  
14 Did I read that correctly?  
15 A. Yes.  
16 Q. So the NIPC management  
17 newsletters were -- included key terms  
18 for opioid such as pseudoaddiction?  
19 MR. DAVIS: Objection to  
20 form.  
21 THE WITNESS: The key terms  
22 that they included -- as you can  
23 see up front, the first one was  
24 addiction. So that was put in

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1 appropriate context.  
2 And then physical  
3 dependence, tolerance and  
4 pseudoaddiction.  
5 MS. AMINOLROAYA: 304,  
6 please.  
7 BY MS. AMINOLROAYA:  
8 Q. So you also taught this  
9 concept of pseudoaddiction to Endo sales  
10 representatives, correct?  
11 A. Did I personally?  
12 Q. Yes.  
13 A. Again, I know that I was  
14 involved in, as was our whole department,  
15 in doing some clinical training for  
16 Endo's internal team.  
17 I don't recall whether this  
18 concept was part of that or not.  
19 MS. AMINOLROAYA: I'm  
20 handing you what's been marked as  
21 Exhibit-26. It's  
22 ENDO-OPIOID\_MDL-02002702. E304.  
23 - - -  
24 (Whereupon, Endo-Kitlinski

<p style="text-align: right;">Page 238</p> <p>1 Exhibit-26,  2 ENDO-OPIOID_MDL-02002702-703, with  3 attachment, was marked for  4 identification.)  5 - - -  6 BY MS. AMINOLROAYA:  7 Q. This is an e-mail from you  8 to Nancy Alvarez, Carey Aron and others,  9 dated April 17, 2003. Subject: LK  10 presentation for advanced rep training.  11 Is that correct?  12 A. That's what it states, yes.  13 Thank you.  14 Q. And if you turn to Page 16  15 of the document for me, it says,  16 Pseudoaddiction. Pseudoaddiction.  17 Behaviors suggestive of addiction (e.g.,  18 drug-seeking behavior) which may occur  19 when patients are not receiving adequate  20 pain relief. If pseudoaddiction,  21 behavior will cease if pain is adequately  22 treated by adjustment in opioid dose.  23 Did I read that correctly?  24 A. Yes, you read this slide</p>	<p style="text-align: right;">Page 240</p> <p>1 A. I'm sorry, I was just  2 looking at the rest of the slides here,  3 since I hadn't seen them.  4 Q. And if you turn to Page 10  5 of the document, the NIPC had a broad  6 reach, correct?  7 MR. DAVIS: Objection to  8 form.  9 BY MS. AMINOLROAYA:  10 Q. Under, National Initiative  11 on Pain Control, the last bullet, it  12 states, Over 1.2 million participants to  13 date: More than 130,000 live, more than  14 1.1 million via webcasts and print.  15 A. Those are the numbers that  16 are stated here, yes.  17 Q. Thank you. You can set that  18 aside.  19 MS. AMINOLROAYA: I'm  20 handing you what's been marked  21 Exhibit-27, KP360_OHIOMDL_00041.  22 It's E1282.  23 - - -  24 (Whereupon, Endo-Kitlinski</p>
<p style="text-align: right;">Page 239</p> <p>1 correctly.  2 And this is the follow-on to  3 the previous slide, which discusses what  4 addiction is and differentiates addiction  5 from pseudoaddiction.  6 Q. And this was in 2003,  7 correct, prior to the launch of Opana ER?  8 A. The date on the e-mail is  9 2003.  10 Q. And just to clarify for the  11 jury, you're writing here to Nancy  12 Alvarez. It says, Here are my slides for  13 the Barriers pain management lecture for  14 next week, Linda.  15 Did I read that correctly?  16 A. Yes.  17 Q. These were your slides, Ms.  18 Kitlinski?  19 A. Yes.  20 Q. Thank you.  21 Turning your attention back  22 to Exhibit-18, Ms. Kitlinski.  23 This is the letter to Vice  24 President Biden.</p>	<p style="text-align: right;">Page 241</p> <p>1 Exhibit-27,  2 KP360-OHIOMDL-000241-244, was  3 marked for identification.)  4 - - -  5 BY MS. AMINOLROAYA:  6 Q. Ms. Kitlinski, this is a  7 National Initiative on Pain Control  8 executive summary, for the National  9 Initiative on Pain Control dinner  10 dialogue series, Advances in Opioid  11 Analgesia, Maximizing Benefit While  12 Minimizing Risk.  13 Did I read that correctly?  14 A. Yes, that's what the title  15 states.  16 Q. And the date of this series  17 was October 26th, 2006 through December  18 12, 2006, correct?  19 A. That's what the -- I don't  20 know that of my own knowledge, but that's  21 what this states, yes.  22 Q. And this is around the same  23 time Opana ER is being launched, correct?  24 MR. DAVIS: Objection to</p>

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1 form.  
2 THE WITNESS: Again, as I  
3 mentioned, I do know Opana ER was  
4 launched in 2006. I just don't  
5 know the month and the year.  
6 BY MS. AMINOLROAYA:  
7 Q. That's fine. Not a problem.  
8 So we see again here that  
9 the faculty for this activity is Dr.  
10 Argoff and Dr. Ford, amongst some other  
11 doctors; is that correct?  
12 A. The faculty, 2, 4, 5, 6, 7,  
13 8, 9 -- yes, Dr. Ford and Dr. Argoff are  
14 two of the nine faculty members.  
15 Q. And if you look at Page 4,  
16 it says, Open-ended question results.  
17 Following this activity, what is the most  
18 important change you will make in your  
19 practice?  
20 Did I read that correctly?  
21 A. Yes.  
22 Q. And if you look at Bullet 2,  
23 does it say, More use of opioids?  
24 A. That is what Bullet 2

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1 states, yes.  
2 And it also states about  
3 exit strategies and more aggressive  
4 screening to identify reasonable  
5 candidates and to have patient agreements  
6 at the start of treatment.  
7 Q. And you didn't include use  
8 opioids earlier with my pain patients,  
9 correct? That's also included there?  
10 MR. DAVIS: Objection to  
11 form.  
12 THE WITNESS: That is  
13 correct.  
14 BY MS. AMINOLROAYA:  
15 Q. And this executive summary,  
16 if you go back to Page 1, third  
17 paragraph, it's a summary based upon the  
18 83 percent, 758 participant evaluation  
19 forms that were received from 911  
20 attendees. The average attendance for  
21 the series is 36 participants per  
22 meeting, with a 52 percent participation  
23 ratio of preregistered to final attendees  
24 for the entire series, correct?

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1 A. Yes, that's what it states.  
2 MS. AMINOLROAYA: I'm  
3 handing you what's been marked as  
4 Exhibit-28. This is  
5 ENDO-OPIOID\_MDL-01928285. This is  
6 E1255.1.  
7 - - -  
8 (Whereupon, Endo-Kitlinski  
9 Exhibit-28,  
10 ENDO-OPIOID\_MDL-01928285-286, was  
11 marked for identification.)  
12 - - -  
13 BY MS. AMINOLROAYA:  
14 Q. And if you look at the last  
15 e-mail on this page, this is from Teresa  
16 Lee to Vin Tormo.  
17 Mr. Tormo was your direct  
18 report, correct?  
19 A. Yes.  
20 Q. And this is dated November  
21 13th, 2003; is that right, regarding,  
22 NIPC opioid Cinci program-fantastic  
23 feedback?  
24 Did I read that correctly?

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1 A. That's what the subject line  
2 states, yes.  
3 Q. And Ms. Lee writes her  
4 e-mail on the next page.  
5 She's the Cincinnati  
6 district manager, correct?  
7 A. Yes.  
8 Q. Looking at the bottom of  
9 Page 2.  
10 A. Correct.  
11 Q. And Ms. Lee provides some  
12 feedback. And in response to that  
13 feedback, in the following e-mail, Mr.  
14 Tormo, your direct report, writes back to  
15 you and some employees of Physicians  
16 World, correct, and copies you, Bradley  
17 Galer ER, Debbie Travers and some others,  
18 correct?  
19 Correct, Ms. Kitlinski?  
20 A. I'm reading that. I'm  
21 sorry.  
22 Yes, it does -- I was just  
23 looking, because not all of the folks you  
24 mentioned -- I mean, not all of the folks

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1 copied there you had mentioned, so I  
2 thought you were still reading, sorry.  
3 Q. Yes. The record reflects  
4 that there is a couple of other people  
5 listed here. For time, we won't name  
6 them all.  
7 And Mr. Tormo, writes,  
8 Thanks for the feedback Teresa. Glad  
9 that the program went so well there.  
10 Glad that your recommendation to have the  
11 opioid program in Cincinnati pave the way  
12 towards, and lessened the fear of  
13 appropriately prescribing opioids. The  
14 efforts that you and your team made in  
15 identifying the need and helping get the  
16 appropriate physicians to attend no doubt  
17 helped with making this program a  
18 success.  
19 Did I read that correctly?  
20 A. Yes.  
21 Q. And then you respond to  
22 Teresa Aymsey and Vin in the following  
23 e-mail.  
24 And you write,

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1 Congratulations on working together to  
2 really optimize the value of the NIPC  
3 programs for the physicians in your area.  
4 As we saw with the return on education  
5 study conducted this year, the  
6 effectiveness of well-planned CME content  
7 and well-executed audience recruitment is  
8 truly a winning combination.  
9 Did I read that correctly?  
10 A. Yes.  
11 Q. So there were NIPC programs  
12 in Cincinnati at this time as well,  
13 correct?  
14 A. There was at least one.  
15 That's what we're talking about here.  
16 And this states what we said  
17 earlier about the return on education,  
18 that it was about getting an audience to  
19 participate and have well-planned CE  
20 content.  
21 And I know you didn't go  
22 through the whole thing, but in that part  
23 that you alluded to in Vin's comments,  
24 you can see the other comments from the

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1 audience as well, in terms of the caliber  
2 of the content.  
3 MS. AMINOLROAYA: Move to  
4 strike the last comment.  
5 BY MS. AMINOLROAYA:  
6 Q. Ms. Kitlinski, do you know  
7 Will Rowe?  
8 A. I knew Will Rowe. I don't  
9 currently know where Will Rowe is or have  
10 had any communications with him since  
11 2012-ish, something like that.  
12 Q. Ms. Kitlinski, Endo  
13 continued to pay for these NIPC programs  
14 until 2012, correct?  
15 MR. DAVIS: Objection to  
16 form.  
17 THE WITNESS: Again, I don't  
18 have my -- I don't have my  
19 documents that I can refer back  
20 to.  
21 I know that we continued the  
22 series over a period of time. And  
23 so if you have documents that we  
24 could, you know, look to confirm

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1 that.  
2 BY MS. AMINOLROAYA:  
3 Q. Sure. I'll refer your  
4 attention back to Exhibit-18.  
5 So Page 10, you're telling  
6 the vice president of the United States  
7 that this program is a program that Endo  
8 sponsors, correct?  
9 A. Yes. My only -- you asked  
10 me if it continued until 2012, and this  
11 is dated April of 2011. And so I just  
12 indicated that I don't know the  
13 termination date of NIPC.  
14 MS. AMINOLROAYA: Can we  
15 have 1320, please?  
16 I'm handing you what has  
17 been marked as Exhibit-29. It's  
18 ENDO-OPIOID\_MDL-01656768, E1320.  
19 - - -  
20 (Whereupon, Endo-Kitlinski  
21 Exhibit-29,  
22 ENDO-OPIOID\_MDL-01656768-777, was  
23 marked for identification.)  
24 - - -

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1 BY MS. AMINOLROAYA:  
2 Q. And this is an e-mail from  
3 Katherine -- Ms. Kitlinski, maybe you can  
4 help me with her last name, because I  
5 think I'm going to butcher it.  
6 A. We called her Kathy Traz.  
7 Q. Okay. That's easier.  
8 A. Trzaskawka. But, Traz.  
9 Q. I think I'll call her Kathy  
10 Traz for now.  
11 An e-mail from Kathy Traz to  
12 a number of Endo employees, including  
13 you; is that right?  
14 A. Yes.  
15 Q. Dated February 21, 2012,  
16 regarding, Forward, opioid abuse articles  
17 mentioning Endo.  
18 A. Yes.  
19 Q. Did I read that correctly?  
20 A. Yes.  
21 Q. And this is around -- the  
22 time is 2012.  
23 Is that the year that the  
24 Senate Finance Committee begins to

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1 investigate various opioid manufacturers  
2 and professional organizations to which  
3 they provided funding?  
4 MR. DAVIS: Objection to  
5 form.  
6 THE WITNESS: I recall that  
7 it was in that approximate -- 2012  
8 was the approximate time frame. I  
9 don't have my records, so I  
10 wouldn't be able to know  
11 specifically when that was.  
12 BY MS. AMINOLROAYA:  
13 Q. You recall approximately,  
14 though, that it was 2012?  
15 A. Yes. Correct.  
16 Q. Thank you.  
17 Let's turn to Page 3. And  
18 this is an article that Ms. Traz is  
19 sending you.  
20 She says, Pay particular  
21 attention to the bracket and references  
22 to Endo.  
23 And the article that she  
24 forwards is entitled, Chronic Pain Fuels

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1 Boom in Opioids, correct?  
2 A. Yes, that is the title of  
3 the article.  
4 Q. And are you familiar with  
5 Dr. Webster, Ms. Kitlinski? Lynn  
6 Webster?  
7 A. Yes, I know -- I recognize  
8 Dr. Lynn Webster.  
9 Q. Someone that you worked  
10 with?  
11 MR. DAVIS: Objection to  
12 form.  
13 THE WITNESS: I have met Dr.  
14 Webster at conferences. I have  
15 interacted with him at some of the  
16 early REMS planning programs, and  
17 I know that he had worked with  
18 Endo on some other activities as  
19 well, and I'm sure I encountered  
20 him over the years.  
21 I don't know him extremely  
22 well. But he is well known,  
23 obviously, as a pain expert.  
24 BY MS. AMINOLROAYA:

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1 Q. And did Dr. -- is Dr.  
2 Webster -- I'm sorry, you anticipated my  
3 next question, so I will strike that.  
4 And the top of Page 3 says,  
5 The pendulum swings back. It says,  
6 Several of the pain industry's core  
7 beliefs about chronic pain and opioids  
8 are not supported by good science and  
9 contributed to the growing use of the  
10 drugs, a journal Sentinel/MedPage Today  
11 review of records and interviews found.  
12 Among the misconceptions: The risk of  
13 addiction is low in patients who obtain  
14 their narcotic painkillers legitimately.  
15 There is no max dose of the drugs that  
16 can't be prescribed -- that can't be  
17 safely prescribed; people who seek more  
18 frequent prescriptions or higher doses of  
19 the drugs aren't addicts, they are  
20 pseudoaddicts who just need more pain  
21 relief and more opioids.  
22 And then dropping down a few  
23 sentences, it says, Lynn Webster, MD, a  
24 Utah pain specialist who has worked as a

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1 consultant and adviser to most of the  
2 companies in the opioid analgesic market  
3 said, The pain community got some of it  
4 wrong.  
5 Did I read that correctly?  
6 A. Yes.  
7 Q. And Ms. Webster's quote --  
8 or if we drop down to the next sentence,  
9 she ends, We certainly have a lot --  
10 A. Excuse me, Dr. Webster is a  
11 male, just to --  
12 Q. I apologize. Thank you for  
13 the correction.  
14 A. No worries.  
15 Q. I'm sorry.  
16 A. That's all right. Just want  
17 to be accurate.  
18 Q. I appreciate that.  
19 The last sentence here in  
20 the next paragraph says, We certainly  
21 have a lot of reverse education that  
22 needs to occur.  
23 Did I read that correctly?  
24 A. I'm looking to see -- yes, I

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1 see that now. Yes, that is in here.  
2 Q. And this is shortly after  
3 the Senate Finance Committee begins to  
4 investigate opioid manufacturers,  
5 including Endo, correct?  
6 MR. DAVIS: Objection to  
7 form.  
8 THE WITNESS: Well, this is  
9 in 2012, and around the time, as  
10 you said, that the Senate Finance  
11 Committee investigation began.  
12 However, many of these  
13 statements here that are -- they  
14 are misconceptions, but they had  
15 been dispelled, or at least folks  
16 from Endo have stated them as not  
17 being correct perceptions for  
18 years.  
19 So not to -- not to imply  
20 that it was just in the 2012 time  
21 frame here.  
22 BY MS. AMINOLROAYA:  
23 Q. Okay.  
24 A. This just happens to be, I

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1 guess, when this journal,  
2 Sentinel/MedPage Today, article was  
3 published.  
4 MS. AMINOLROAYA: Let's have  
5 1304, please.  
6 I'm handing you what's been  
7 marked as Exhibit-30. It's  
8 END00154834. It's E1304.  
9 - - -  
10 (Whereupon, Endo-Kitlinski  
11 Exhibit-30, END00154834-856, was  
12 marked for identification.)  
13 - - -  
14 BY MS. AMINOLROAYA:  
15 Q. This is an e-mail from Vin  
16 Tormo to a number of Endo individuals,  
17 including you. And you can see your  
18 name. There are a lot of names on this,  
19 but it's the second line or third line  
20 from the top of the cc line. And it's  
21 regarding MSL meeting report, APS 2012.  
22 If we look at Page 3 of the  
23 document, that orients us with it,  
24 it's -- the attachment of the American

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1 Pain Society, 2012 annual meeting medical  
2 science liaison summary.  
3 And if you turn to Page 9 of  
4 the document, it says, Charles again  
5 mentioned that what bothers me is we are  
6 talking only about opioids and not a  
7 whole approach to pain therapy. We have  
8 lost a generation of prescribers --  
9 A. I'm sorry, I didn't catch  
10 where you said you were reading.  
11 Q. Top of Page 9. First full  
12 sentence.  
13 A. I see. Thank you.  
14 Q. Charles again mentioned that  
15 what bothers me is we are talking only  
16 about opioids and not a whole approach to  
17 pain therapy. We have lost a generation  
18 of prescribers who don't really know what  
19 to do.  
20 Did I read that correctly?  
21 A. Yes. I'm just finishing --  
22 I'm reading that paragraph in context.  
23 Q. And is "Charles" Dr. Argoff  
24 there?

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1 A. According to this, yes,  
2 that's correct.  
3 And, do you know, just to  
4 put this in context, again, the CIG  
5 group, is that the special interest  
6 group, the ethics special interest group?  
7 So that's not an Endo  
8 organization, it's a professional -- a  
9 special interest group of the  
10 professional society.  
11 Q. Okay. Thank you.  
12 A. Sure. So when he says we  
13 are -- what bothers me is that we are  
14 only talking about opioids and not a  
15 whole approach to pain therapy, it is  
16 consistent with what the NIPC speakers  
17 like he were saying about the need for  
18 multimodal, you know, assessment and  
19 multimodal therapy, including  
20 nonpharmacologic.  
21 MS. AMINOLROAYA: There was  
22 no question pending. Move to  
23 strike.  
24 BY MS. AMINOLROAYA:

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1 Q. Turning to Page 3 of the  
2 document, and the overall summary -- and  
3 just to further orient us with this  
4 document, you were at this meeting,  
5 right, Ms. Kitlinski?  
6 A. I was at a portion of the  
7 meeting, yes.  
8 Q. So the compiled by --  
9 A. And you see it says, With  
10 input for Section 2 by Linda Kitlinski.  
11 Q. Right. And it says, in the  
12 overall summary, Steve Passik, Ph.D.  
13 said, during one symposium, in the past  
14 we made it seem like treating pain  
15 patients is easy. It's not.  
16 A. Yes.  
17 Q. And did I read that  
18 correctly?  
19 A. Yes.  
20 The rest of his -- the rest  
21 of the comment there, the overall message  
22 is about -- seemed to be about safety and  
23 proceeding cautiously with opioid  
24 therapy, if at all, in some patients.

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1 Q. And for the 11 years prior  
2 to this report, Endo had been funding  
3 education to doctors through the NIPC,  
4 correct?  
5 MR. DAVIS: Objection to  
6 form.  
7 BY MS. AMINOLROAYA:  
8 Q. \$31 million, at least, worth  
9 of funding?  
10 MR. DAVIS: Objection to  
11 form.  
12 THE WITNESS: Again, I  
13 don't -- I don't mean to seem like  
14 I'm disputing your figures, but I  
15 don't have -- I recall very  
16 clearly -- when we put together  
17 the documents for the Senate  
18 Finance Committee, I spent a lot  
19 of time looking at the particulars  
20 of those grants, the support, the  
21 financial amounts and having them  
22 tallied up.  
23 And I don't have access to  
24 those documents. So I would not

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1 want to -- I would not be in a  
2 position, really, to speculate  
3 about what the amounts were.  
4 BY MS. AMINOLROAYA:  
5 Q. Okay.  
6 MS. AMINOLROAYA: 772,  
7 please.  
8 THE WITNESS: And, excuse  
9 me. You did ask me that question  
10 about NIPC, you know, being  
11 presented to clinicians, correct?  
12 May I finish my answer on that  
13 one? The one you just asked.  
14 MS. AMINOLROAYA: One  
15 moment, please.  
16 BY MS. AMINOLROAYA:  
17 Q. My question was, for the 11  
18 years prior to the document we were just  
19 reading, Endo had been funding education  
20 to doctors presented through the NIPC,  
21 correct?  
22 THE WITNESS: Yes. And I  
23 just wanted --  
24 MS. AMINOLROAYA: Thank you.

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1 THE WITNESS: I just  
2 wanted -- you were implying that  
3 that might have been all on  
4 opioids, and it was on pain  
5 management as opposed to just  
6 opioids.  
7 So since that was the  
8 context here, I just wanted to  
9 finish that sentence.  
10 BY MS. AMINOLROAYA:  
11 Q. Opioids were a part of pain  
12 management?  
13 A. Correct. Overall pain  
14 management and pain assessment, yes.  
15 MS. AMINOLROAYA: I'm  
16 marking -- I'm handing you what's  
17 been marked as Exhibit-31, E772.  
18 - - -  
19 (Whereupon, Endo-Kitlinski  
20 Exhibit-31, No Bates, Maps;  
21 National Center for Health  
22 Statistics, was marked for  
23 identification.)  
24 - - -

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1 BY MS. AMINOLROAYA:  
2 Q. You can see at the bottom of  
3 the document -- the source of this is the  
4 National Center for Health Statistics,  
5 National Vital Statistic System,  
6 mortality data, and it provides a link  
7 there to the CDC.gov.  
8 During the course of your  
9 employment at Endo, did you have occasion  
10 to visit the CDC's website from time to  
11 time?  
12 MR. DAVIS: Objection to  
13 form.  
14 THE WITNESS: I had occasion  
15 to visit the CDC website from time  
16 to time, yes.  
17 BY MS. AMINOLROAYA:  
18 Q. So you had access to the CDC  
19 website?  
20 A. Yes. Everyone does.  
21 Q. Let's look at Page 3 of the  
22 document. And I may use the Elmo for  
23 this.  
24 And the NIPC started its --

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1 Endo started funding the NIPC in 2001,  
2 correct?  
3 MR. DAVIS: Objection to  
4 form.  
5 THE WITNESS: Again, I  
6 believe I indicated earlier it was  
7 early in 2000. Because I don't  
8 have access to those documents, I  
9 don't recall the exact year. But  
10 you can check our files on that.  
11 BY MS. AMINOLROAYA:  
12 Q. 2001 is early 2000s, right?  
13 A. Yes.  
14 Q. So we're looking at the 2001  
15 page of the CDC document here, National  
16 Center for Health Statistics.  
17 And it's a -- you can see on  
18 the right what it's including, or what  
19 the map is depicting. Estimated  
20 age-adjusted death rate per 100,000. And  
21 this is -- the suggested citation for  
22 this document is -- lists a number of  
23 authors. And it says, Drug poisoning  
24 mortality, the United States, 1996 to

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1 2016, National Center for Health  
2 Statistics.  
3 This is reflecting adjusted  
4 age related to death for drug appointing  
5 mortality.  
6 And you would agree that the  
7 chart goes from blue, and then the number  
8 of deaths go up as the colors change to  
9 yellow, for example, and red?  
10 A. So just a question, because  
11 I'm not familiar with this -- and I know  
12 you usually ask me if that was correct --  
13 it was 1999, not '96.  
14 Q. Thank you for that  
15 correction.  
16 A. Not a big issue. I just  
17 wanted to, since I'm testifying, be  
18 accurate.  
19 So I don't -- I'm not  
20 familiar with this chart, and I do not  
21 understand the -- so while it says that  
22 the source is the National Center for  
23 Health Statistics, National Vital  
24 Statistics System, mortality data, and it

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1 refers further to drug poisoning  
2 mortality, it doesn't specify what drugs  
3 we're talking about.  
4 Are these all drugs? Are  
5 these opioids? Are these prescription  
6 opioids? Are they -- does it include  
7 barbiturates, for example? I just don't  
8 know what this is.  
9 Q. So let's compare the 2001  
10 map to the 2012 map.  
11 Would you agree there is a  
12 lot of blue in the 2001 map?  
13 A. Yes.  
14 MR. DAVIS: Objection to  
15 form.  
16 BY MS. AMINOLROAYA:  
17 Q. And do you see less blue in  
18 the 2012 map?  
19 MR. DAVIS: Objection to  
20 form.  
21 BY MS. AMINOLROAYA:  
22 Q. Page 14.  
23 A. And you asked me do I see  
24 less --

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1 Q. Do you see less of the color  
2 blue in the 2012 map?  
3 MR. DAVIS: Objection to  
4 form.  
5 THE WITNESS: Again, there  
6 is -- there is less blue on this  
7 map. But I don't -- still don't  
8 understand particularly what  
9 the -- what it is we're talking  
10 about here, what mortality data,  
11 what drug poisoning mortality data  
12 we're referencing.  
13 BY MS. AMINOLROAYA:  
14 Q. And the color bar on the  
15 right side here tells us that yellow  
16 means deaths are up from 2 to 14 per  
17 100,000 people. And red means that  
18 deaths are up from 2, for blue, to 26 or  
19 more per 100,000 people, correct?  
20 MR. DAVIS: Objection to  
21 form.  
22 THE WITNESS: Well, again, I  
23 can see what the legend on the map  
24 states, estimated age-adjusted

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1 death rate per 100,000.  
2 But we don't know death rate  
3 from what.  
4 BY MS. AMINOLROAYA:  
5 Q. And do you see more yellow  
6 and more orange and more red in 2012?  
7 MR. DAVIS: Objection to  
8 form.  
9 THE WITNESS: Well, strictly  
10 from a color perspective, the map  
11 from 2001 has more blue on it and  
12 less red and yellow, as you just  
13 stated, than the map from 2012.  
14 But, again, what that refers  
15 to and what the data is, is not  
16 clear from this. And I'm not  
17 familiar with it, so I don't want  
18 to speculate.  
19 BY MS. AMINOLROAYA:  
20 Q. And that's the same time you  
21 were running the NIPC program, correct?  
22 MR. DAVIS: Objection to  
23 form.  
24 THE WITNESS: The NIPC

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1 program was being conducted on  
2 appropriate pain management, which  
3 included opioids but was not 100  
4 percent focused on opioids. It  
5 included neuropathic pain and  
6 chronic pain. And it did occur  
7 during that time period.  
8 BY MS. AMINOLROAYA:  
9 Q. Thank you.  
10 So, Ms. Kitlinski, turning  
11 back to a conversation we started a few  
12 moments ago regarding Will Rowe, you said  
13 you know who Will Rowe is, correct?  
14 A. Yes.  
15 Q. What period of time did you  
16 know Mr. Rowe for?  
17 A. Well, again, I wish I had my  
18 past files and I could look at them, but  
19 I don't. So all I can state is what I  
20 recall.  
21 I know that I was -- I know  
22 that I interacted with him in 2012, when  
23 the NIPC was being -- I'm reluctant to  
24 really give a time frame on that.

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1 I do know that I knew him  
2 during the course of, you know,  
3 interacting with him. But I don't have a  
4 frame of reference for -- a document for  
5 that.  
6 Do you have those? Because  
7 we did, you know, produce all of those  
8 internally.  
9 Q. I'm sure we do. We have  
10 hundreds of thousands of documents,  
11 perhaps millions of documents from your  
12 former employer.  
13 MS. AMINOLROAYA: Can I have  
14 1343, please?  
15 But to be clear, we don't  
16 have all documents related to  
17 opioids that Endo maintained.  
18 THE WITNESS: Okay.  
19 MR. DAVIS: Objection.  
20 MS. AMINOLROAYA: Your  
21 counsel has interposed numerous  
22 objections, and so there are  
23 significant limitations on the  
24 documents that were produced.

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1 I'm handing you what's been  
2 marked as Exhibit-32. This is  
3 END00661357. It's E1343.  
4 - - -  
5 (Whereupon, Endo-Kitlinski  
6 Exhibit-32, END00661357-359, was  
7 marked for identification.)  
8 - - -  
9 BY MS. AMINOLROAYA:  
10 Q. Did you reach out to Mr.  
11 Rowe, Ms. Kitlinski, if there was a  
12 problem or something that you were  
13 concerned about that you wanted to have  
14 addressed?  
15 MR. DAVIS: Objection to  
16 form.  
17 THE WITNESS: If you'll just  
18 give me -- this is a very brief  
19 document.  
20 BY MS. AMINOLROAYA:  
21 Q. Sure. And it's not about  
22 the document. You can put the document  
23 aside for right now.  
24 My question is, did you

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1 reach out to Mr. Rowe when you had  
2 concerns about certain issues?  
3 MR. DAVIS: Objection to  
4 form.  
5 THE WITNESS: Again, without  
6 knowing what type of issues you're  
7 referring to --  
8 BY MS. AMINOLROAYA:  
9 Q. If you had a concern about  
10 how opioids were being discussed in the  
11 media, would you reach out to Mr. Rowe?  
12 MR. DAVIS: Objection to  
13 form.  
14 THE WITNESS: I don't recall  
15 that.  
16 I interacted with Mr. Rowe.  
17 But I don't -- I have a document  
18 in front of me that is addressed  
19 from me to him, so I obviously had  
20 a contact with him. But I just  
21 don't know what you're referring  
22 to and what circumstance.  
23 BY MS. AMINOLROAYA:  
24 Q. Let's turn to Page 2 of the

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1 document. This is an e-mail from you to  
2 Mr. Rowe and Donna Calvani.  
3 And just for the jury's  
4 benefit, what was Mr. Rowe's title at the  
5 American Pain Foundation?  
6 A. I don't know if he was the  
7 executive -- he was in a leadership role.  
8 I don't know his exact title.  
9 Q. And Ms. Calvani?  
10 A. Donna Calvani was not  
11 related to the American Pain Foundation.  
12 But she -- she was related  
13 to the NIDA initiative. She was doing an  
14 initiative with NIDA, which is why she  
15 was copied on this.  
16 Q. Thank you.  
17 So this is an e-mail from  
18 you to Will Rowe, January 12th, 2010,  
19 regarding NIDA, quote, in the news.  
20 NIDA is the National  
21 Institute of Drug Abuse, correct?  
22 A. Yes.  
23 Q. And here you write, Will and  
24 Donna. Second line says, Saw quote in

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1 the news on opioids/addiction/risk mgmt  
2 (see below) from Valerie Ulene (LA Times)  
3 and Nora Volkow at NIDA...

4 And then dropping down past  
5 the next sentence, it says, This quote  
6 has been flying around the hallways last  
7 night/today, (the comments are things  
8 like, I thought NIDA valued the risk  
9 management work we do on opioids, how  
10 could they say something like this?).

11 And then you include, at the  
12 bottom of the e-mail, an excerpt of what  
13 you were talking about, right.

14 And this appears to be an  
15 article from The New York Times that  
16 quotes Ms. Volkow entitled, Opioid  
17 Painkillers Targeted As Potential  
18 Addiction and Overdose Threat.

19 And it says, in the MD  
20 column, Valerie Ulene, MD, reports that  
21 opioid pills are highly effective in  
22 controlling pain but also produce, quote,  
23 a high, quote, that makes them  
24 irresistible to millions of Americans who

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1 take them for relaxation or recreation,  
2 end quote. Nora Volkow, MD, director of  
3 the National Institute on Drug Abuse at  
4 the National Institutes of Health says  
5 that somewhere between 5 and 10 percent  
6 of people who take opioids regularly  
7 become addicted.

8 Did I read that correctly?

9 A. Yes.

10 You did say New York Times,  
11 but it's LA.

12 Q. Excuse me. Thank you for  
13 that correction.

14 And Mr. Rowe writes back to  
15 you, at the top of Page 2. And he says,  
16 I've met Nora a couple of times. Maybe  
17 we should ask our NIDA partners about  
18 these comments.

19 Did I read that correctly?

20 A. Yes.

21 And may I ask, were you  
22 intending to finish reading the rest of  
23 that quote from there? Because that was  
24 the relevant part that I think was being

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1 commented about, in my outreach to Will  
2 and Donna.

3 Q. No. You can read that with  
4 your counsel if you'd like, or you're  
5 welcome to read that right now.

6 Moving on to Page 1, it  
7 says -- you respond to Mr. Rowe's  
8 suggestion that he reach out to his NIDA  
9 partners about the comment. And you say,  
10 to Donna, Donna, since it's CME, I don't  
11 want to interject anything inappropriate  
12 here, but maybe give some thought as to  
13 how the folks at NIDA you have been  
14 working with can share that info with  
15 Nora and others at NIDA so people don't  
16 think industry is the problem rather than  
17 part of the solution. Thank you both.  
18 Linda.

19 Did I read that correctly?

20 A. Yes.

21 Q. And you're sending this in  
22 2010 as Endo is getting ready for the  
23 launch of its reformulated Opana drug,  
24 correct?

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1 MR. DAVIS: Objection to  
2 form.

3 THE WITNESS: Again, I know  
4 that we launched the reformulated  
5 formation of Opana after the  
6 original had been on the market  
7 for a number of years.

8 But since I don't have my  
9 files, and it was a fair amount of  
10 time ago, I don't -- I don't know  
11 the exact timing of that.

12 BY MS. AMINOLROAYA:

13 Q. And is 2010 approximately  
14 when Endo would have been getting ready  
15 for the launch of the drug?

16 MR. DAVIS: Objection to  
17 form.

18 THE WITNESS: Again, I  
19 just -- I don't have a frame of  
20 reference for that. If I had my  
21 files, I could give you an answer.

22 BY MS. AMINOLROAYA:

23 Q. And Endo, over the years,  
24 paid millions of dollars to the American

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1 Pain Foundation, correct?  
2 MR. DAVIS: Objection to  
3 form.  
4 THE WITNESS: Again, I  
5 really hate to sound like a broken  
6 record, but I don't have access to  
7 my files. And the time that we  
8 put into assembling the amount of  
9 resources that were, you know,  
10 provided as educational grants  
11 when we assembled that Senate  
12 Finance Committee dossier, I don't  
13 have access to those, and I would  
14 not be able to speculate on them  
15 off the top of my head, without  
16 looking at them.  
17 MS. AMINOLROAYA: 287,  
18 please. I'm handing you what has  
19 been marked as Exhibit-33. This  
20 is ENDO-OR-CID-00754369. E287.  
21 - - -  
22 (Whereupon, Endo-Kitlinski  
23 Exhibit-33, ENDO-OR-CID-00754369,  
24 (Starting Bates, Compilation

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1 Exhibit), was marked for  
2 identification.)  
3 - - -  
4 BY MS. AMINOLROAYA:  
5 Q. And is this -- if you look  
6 at the second page of the document, it's  
7 dated August 22nd, 2012.  
8 Is this a letter to Chairman  
9 Baucus and Senator Grassley signed by  
10 Raymond Shepherd? You can see that on  
11 Page 11.  
12 A. That appears to be what this  
13 is.  
14 Q. And who is Mr. Shepherd?  
15 A. I'm sorry, I don't know  
16 that.  
17 Q. Mr. Shepherd is, apparently,  
18 counsel for Endo at the time.  
19 MR. DAVIS: Objection to  
20 form.  
21 BY MS. AMINOLROAYA:  
22 Q. Let's look at Page 21 of the  
23 document.  
24 And it says, Submitted to

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1 Senate Finance Committee by Endo  
2 Pharmaceuticals.  
3 And we'll move past the  
4 first few pages to the Page 24.  
5 Looking at Pages 24 and 25,  
6 do these list the payments made by Endo  
7 to the American Pain Foundation between  
8 1999 and 2012?  
9 A. Again, that's what this  
10 document appears to list.  
11 You can -- and when I say  
12 "appears," it contains a compilation of  
13 information that came not just from me,  
14 which is the pain education element of  
15 it, but others. So I couldn't speak to  
16 the totality of what this represents,  
17 because I don't know and it's outside of  
18 the scope of my responsibility.  
19 Q. Do you think anything here  
20 is inaccurate?  
21 MR. DAVIS: Objection to  
22 form.  
23 THE WITNESS: I wouldn't  
24 know. I don't have a frame of

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1 reference for that, because I  
2 didn't have that area.  
3 BY MS. AMINOLROAYA:  
4 Q. Are you suggesting that your  
5 employer submitted documents and  
6 information to the Senate that's  
7 incorrect?  
8 MR. DAVIS: Objection to  
9 form.  
10 THE WITNESS: I'm not  
11 suggesting that they did anything  
12 incorrect.  
13 You asked me if I thought  
14 that's what this was. And I am  
15 testifying under oath, and I'm not  
16 comfortable stating what it is or  
17 isn't, except for those elements  
18 that I know I contributed towards.  
19 So I'm not saying Endo  
20 didn't -- did something  
21 inappropriate. I'm just saying,  
22 of my own knowledge, I haven't  
23 seen this entire compilation.  
24 BY MS. AMINOLROAYA:

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1 Q. Didn't you assist with the  
2 preparation of this information, Ms.  
3 Kitlinski?

4 MR. DAVIS: Objection to  
5 form. I'm going to instruct --  
6 you can answer that question.

7 I just want you to be  
8 careful, I know there were a lot  
9 of lawyers involved in the  
10 assembly of this information. So  
11 you can answer that question but  
12 just be careful not to reveal  
13 anything that you discussed with  
14 lawyers, of what you collected on  
15 behalf of the lawyers.

16 BY MS. AMINOLROAYA:  
17 Q. And just to be clear, Ms.  
18 Kitlinski, I'm not asking you to reveal  
19 any communications you had with your  
20 lawyers.

21 I'm asking you about  
22 payments to the American Pain Foundation.  
23 Were you responsible for collecting that  
24 information in 2012?

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1 A. As I mentioned, my  
2 involvement with the report was  
3 collecting information on educational  
4 grant payments. So that's my  
5 involvement.

6 And this, as you can see,  
7 includes a lot more than just pain  
8 education. And I did not assemble that.

9 MS. AMINOLROAYA: I'm  
10 handing you what's been marked as  
11 Exhibit-34. This is END00735362,  
12 E1291.1.

13 - - -

14 (Whereupon, Endo-Kitlinski  
15 Exhibit-34, was marked for  
16 identification.)

17 - - -

18 MR. DAVIS: I'm waiting for  
19 the copies.

20 BY MS. AMINOLROAYA:  
21 Q. Is this an e-mail from Joann  
22 Caldwell to you and Jackie McNeil  
23 regarding update on Senate work  
24 book/spreadsheets, dated May 24th, 2012?

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1 A. Yes.

2 Q. And Joanne Caldwell was an  
3 administrative assistant?

4 A. Yes.

5 Q. Did you work with Joanne and  
6 Jackie preparing this spreadsheet?

7 A. Yes. They were -- at the  
8 time, if you recall, I said the names of  
9 the departments evolved a bit, so  
10 clinical development --

11 MR. DAVIS: Ms. Kitlinski,  
12 I'm going to instruct you not to  
13 answer my questions on this  
14 document that we're going to claw  
15 back as attorney work product.

16 This is information that was  
17 gathered at the request of  
18 attorneys in responding to the  
19 Senate Finance Committee. So I'm  
20 going to instruct you not to  
21 answer any questions about that.  
22 And I'd like to claw this document  
23 back, if we could. Exhibit-34,  
24 just so the record is clear.

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1 MR. BUCHANAN: Counsel, can  
2 you just state more specific  
3 reasons? I don't have it in front  
4 of me. Are counsel identified?

5 MR. DAVIS: Counsel are not  
6 identified by it. But I was  
7 counsel, and I know what -- who  
8 was directing these individuals to  
9 collect this information and the  
10 purposes for which that  
11 information was being collected.

12 And the fact that it was  
13 counsel directing these  
14 individuals to collect this  
15 information protects it from  
16 disclosure because of the work  
17 product protection.

18 MS. AMINOLROAYA: This  
19 information was disclosed in your  
20 June 15th disclosure to the Senate  
21 Finance Committee.

22 MR. DAVIS: It was, indeed.  
23 And you have that information  
24 there, and the information that

<p style="text-align: right;">Page 286</p> <p>1 was disclosed is fine. But the  2 information as collected by these  3 individuals specifically here, I  4 don't know if there are  5 differences, but this was  6 information provided -- collected  7 by these individuals and provided  8 to attorneys so the attorneys  9 could provide legal advice to the  10 company, and is, therefore, work  11 product.  12 MR. BUCHANAN: I'm not sure  13 how it couldn't be a waiver, if it  14 was provided to the Senate as you  15 just said.  16 MR. DAVIS: I mean, if it's  17 exactly the same as what we  18 provided to the Senate, perhaps.  19 But I don't want to sit  20 here -- we can sit here and go  21 through it if you want. I don't  22 know if this is exactly what we  23 provided to the Senate or if there  24 are any changes.</p>	<p style="text-align: right;">Page 288</p> <p>1 MS. AMINOLROAYA: She  2 testified before --  3 MR. DAVIS: Ms. Kitlinski's  4 work collecting the information  5 that was provided to the Senate  6 Finance Committee was directed by  7 attorneys, provided to attorneys  8 so they could provide legal advice  9 to the company.  10 MS. AMINOLROAYA: That's the  11 same as Ms. Kitlinski gathering  12 documents subject to advice that  13 she needed to respond to a  14 subpoena.  15 MR. DAVIS: You asked the  16 specifics of what she was  17 gathering. That's not the same as  18 her gathering documents to respond  19 to a subpoena.  20 I don't think she -- that  21 wasn't done so we could provide  22 legal advice to the company. That  23 was done to be responsive to the  24 subpoena you sent her.</p>
<p style="text-align: right;">Page 287</p> <p>1 MR. BUCHANAN: I'm sure we  2 can take a break in a moment.  3 Maybe you can just take a look at  4 it, so we don't have to needlessly  5 have a privilege challenge. It  6 might not be that controversial.  7 We'll agree it's not a  8 subject matter.  9 MR. DAVIS: What's that?  10 MR. BUCHANAN: We'll agree  11 that examination on this would not  12 be a broader waiver.  13 MR. DAVIS: Fair. I'll take  14 a look at it when we're on a  15 break.  16 BY MS. AMINOLROAYA:  17 Q. So, Ms. Kitlinski, you had  18 responsibility for identifying some of  19 the information that went into the Senate  20 Finance Committee?  21 MR. DAVIS: I'm going to  22 object to that as well as  23 protected by the work product  24 protection.</p>	<p style="text-align: right;">Page 289</p> <p>1 BY MS. AMINOLROAYA:  2 Q. Ms. Kitlinski, you were  3 responsible, over the years, for  4 responding to grant requests submitted by  5 the American Pain Foundation, correct?  6 A. The grant committee reviewed  7 all grants to Endo Pharmaceuticals, and I  8 was a member of the grant committee.  9 Q. And in that capacity, you or  10 the grant committee approved millions of  11 dollars of grants to the American Pain  12 Foundation, correct?  13 MR. DAVIS: Objection to  14 form.  15 THE WITNESS: Again, as I've  16 stated, I don't have access to my  17 documents.  18 BY MS. AMINOLROAYA:  19 Q. And you have no recollection  20 about the grants approved for the  21 American Pain Foundation?  22 A. I do not. I mean, over the  23 course of the years, there were many  24 grants to many folks who submitted grant</p>

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1 requests.  
2 Q. And did you provide many  
3 grants to the American Pain Foundation?  
4 A. The information that we just  
5 looked at, not this specific one, shows  
6 what the document indicated was provided  
7 to the American Pain Foundation.  
8 Q. Okay. Let's take a look at  
9 that, then.  
10 THE WITNESS: Just to be  
11 clear, this is the one that you  
12 all have actually provided?  
13 MR. DAVIS: This is the  
14 letter submitted to the Senate  
15 Finance Committee.  
16 THE WITNESS: Yes, okay.  
17 MR. DAVIS: Look at --  
18 that's the one that's marked.  
19 THE WITNESS: Okay.  
20 BY MS. AMINOLROAYA:  
21 Q. And you would -- looking at  
22 Pages 24 and 25, you would agree that  
23 Endo provided payments to the American  
24 Pain Foundation for pain education

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1 between 2002 and 2012?  
2 A. Yes. Those are the years  
3 that are covered on this document,  
4 correct.  
5 Q. And it also provided  
6 payments to the American Pain Foundation,  
7 what it categorizes, contributions and  
8 donations over the years, correct?  
9 A. Again, as I stated when we  
10 first looked at this, those are not  
11 within my purview of responsibility.  
12 So I see they have been  
13 identified as purpose of a payment. I  
14 have no -- but I have no direct knowledge  
15 of that myself, and I don't want to  
16 testify to something that I don't know.  
17 Q. You had no direct knowledge  
18 that Endo was making payments to the  
19 American Pain Foundation --  
20 A. No, I didn't.  
21 Q. -- contributions and  
22 donations?  
23 A. I didn't say that. You  
24 asked me about these, you know,

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1 specifics. And I don't have any -- any  
2 information on that.  
3 Q. Who at Endo is responsible  
4 for approving contributions and donations  
5 to the American Pain Foundation?  
6 A. It would have been different  
7 departments, different individuals over  
8 the years, because that's a span of ten  
9 years or so.  
10 Q. Give me names.  
11 MR. DAVIS: Objection to  
12 form.  
13 THE WITNESS: This is going  
14 back 20 years ago, and so the  
15 names of people who worked in  
16 those -- not in my department, if  
17 it was my department I could tell  
18 you names, but the people who were  
19 in other departments, you would  
20 have to -- I defer to my  
21 colleagues that provide --  
22 BY MS. AMINOLROAYA:  
23 Q. Which colleagues?  
24 MR. DAVIS: Objection to

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1 form.  
2 THE WITNESS: I was just  
3 going to finish the sentence.  
4 I would defer to my  
5 colleagues who provided this  
6 information, and I don't know who  
7 those are.  
8 BY MS. AMINOLROAYA:  
9 Q. You don't -- okay.  
10 You would agree that Endo  
11 provided payments for pain education  
12 in -- to the American Pain Foundation in  
13 2002?  
14 A. Yes.  
15 Q. And 2003?  
16 A. Correct.  
17 Q. In 2004?  
18 A. Yes.  
19 Q. In 2005 -- excuse me, in  
20 2006?  
21 MR. DAVIS: Is it easier to  
22 use that as a ruler?  
23 THE WITNESS: I need  
24 something to go across. Yes,

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1 thanks.  
2 I don't see anything in  
3 2005.  
4 BY MS. AMINOLROAYA:  
5 Q. 2006?  
6 A. Yes.  
7 Q. In 2007, payments for pain  
8 education to the American Pain  
9 Foundation?  
10 A. Yes.  
11 Q. 2008, was Endo providing  
12 payments to the American Pain Foundation  
13 for what it called pain education?  
14 A. Yes.  
15 Q. In 2009, was Endo providing  
16 payments for pain education to the  
17 American Pain Foundation?  
18 A. Yes.  
19 Q. How about 2010?  
20 A. Yes.  
21 Q. 2011?  
22 A. Let me scroll down there.  
23 Yes.  
24 Q. 2012?

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1 A. Yes.  
2 Q. And, in fact, the American  
3 Pain Foundation shut its doors in 2012,  
4 correct?  
5 MR. DAVIS: Objection to  
6 form.  
7 THE WITNESS: Again, as I  
8 said earlier, when I said that I  
9 knew Will Rowe but I could not  
10 specifically identify the time  
11 frame, I know that the American  
12 Pain Foundation closed its doors  
13 some time in that general vicinity  
14 of timing, but I don't know the  
15 exact time frame.  
16 BY MS. AMINOLROAYA:  
17 Q. And Endo continued to  
18 provide funding to the American Pain  
19 Foundation for pain education until 2012,  
20 correct?  
21 MR. DAVIS: Objection to  
22 form.  
23 THE WITNESS: Yes. So that  
24 would certainly imply that they

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1 were still in existence.  
2 BY MS. AMINOLROAYA:  
3 Q. And how much money did Endo  
4 provide to the American Pain Foundation  
5 for pain education in 2011?  
6 A. I don't have a calculator  
7 handy. I don't know if you do.  
8 Q. Okay. Well, why don't you  
9 just -- do you agree there's an entry, if  
10 you look at 2011, one for the month,  
11 January of 2011, Endo provides a payment  
12 of \$797,204; is that correct?  
13 MR. DAVIS: Objection to  
14 form.  
15 THE WITNESS: That is  
16 correct.  
17 BY MS. AMINOLROAYA:  
18 Q. And for 2010, the first  
19 entry for 2010, the month is 2, so  
20 February, February 2010, Endo provides a  
21 payment of \$584,144 to the American Pain  
22 Foundation for pain education.  
23 A. Correct.  
24 And just to be clear here,

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1 so that no one thinks I'm misrepresenting  
2 anything, these were not -- these were  
3 unrestricted educational grants for the  
4 conduct of education. It was not like a  
5 fee or a payment.  
6 It was in the form of a  
7 payment to the American Pain Foundation,  
8 but it was for execution of educational  
9 activities. So the -- you know, the net  
10 of that, that went to the American Pain  
11 Foundation, was not -- was not those  
12 numbers.  
13 Q. And just doing some rough  
14 math here, approximately \$500,000 in  
15 2010, and the first payment in 2011 is  
16 approximately \$800,000.  
17 So you would agree over \$1  
18 million in pain education, just based on  
19 those two payments?  
20 A. That's what this -- that's  
21 what this chart shows.  
22 Q. And if you add to that, in  
23 2010 we have another pain education  
24 program that's significant, that's May

<p style="text-align: right;">Page 298</p> <p>1 2010. There's a payment of \$640,255. 2 You'll agree that millions 3 of dollars are being paid to the American 4 Pain Foundation by Endo during this time? 5 MR. DAVIS: Objection to 6 form. 7 THE WITNESS: And, again, I 8 don't know -- you did not ask me 9 this question, but it's very 10 important to understand. 11 This was for the NIPC 12 initiative. So they are executing 13 all of the activities you were 14 just talking about previously. 15 BY MS. AMINOLROAYA: 16 Q. Where does it say that, Ms. 17 Kitlinski? I thought you were not 18 familiar with everything in the -- 19 A. No, I'm just saying that the 20 fact that you're -- you know, you can see 21 on here where the large amounts began to 22 take place, as opposed to the smaller 23 amounts earlier in time. 24 So that's my trigger, that</p>	<p style="text-align: right;">Page 300</p> <p>1 BY MS. AMINOLROAYA: 2 Q. Does it say that anywhere 3 here, Ms. Kitlinski? 4 A. That's what pain education 5 is, when I was compiling it. 6 Q. Okay. 7 A. It may say it in the cover 8 letter. I didn't ever see the final 9 cover letter, so I don't know. 10 Q. And through the American 11 Pain Foundation, Endo spread a message 12 that downplayed the risks of opioids, 13 correct? 14 MR. DAVIS: Objection to 15 form. 16 THE WITNESS: Excuse me, may 17 I finish answering your previous 18 question, which was to ask if it 19 says that anywhere in here? 20 And on Page 287 -- 21 BY MS. AMINOLROAYA: 22 Q. Ms. Kitlinski, we have very 23 limited time. You can do it with your 24 counsel.</p>
<p style="text-align: right;">Page 299</p> <p>1 that was when responsibility -- when the 2 ACCME changed their guidance, that was in 3 2009. 4 And so I am presuming that 5 this is around that period of time, 6 because the grant amounts are large. 7 Q. You would agree that Endo 8 paid millions of dollars to the American 9 Pain Foundation for education, correct? 10 MR. DAVIS: Objection to 11 form. 12 THE WITNESS: Endo provided 13 unrestricted educational grants to 14 the American Pain Foundation to 15 execute continuing education, yes. 16 BY MS. AMINOLROAYA: 17 Q. Where does it say continuing 18 education here? 19 MR. DAVIS: Objection to 20 form. 21 THE WITNESS: That's what 22 pain education is, that was the 23 educational grants that I was 24 responsible for compiling.</p>	<p style="text-align: right;">Page 301</p> <p>1 A. I'm sorry, I was just trying 2 to answer your question. 3 Go right ahead. And you 4 asked something else? 5 MS. AMINOLROAYA: I'm 6 marking Exhibit-35. 7 ENDO-OPIOID_MDL-06234029. It's 8 E1326. 9 - - - 10 (Whereupon, Endo-Kitlinski 11 Exhibit-35, 12 ENDO-OPIOID_MDL-06234029-037, was 13 marked for identification.) 14 - - - 15 BY MS. AMINOLROAYA: 16 Q. And this is an e-mail from 17 you, Ms. Kitlinski, to Carol Ammon, and 18 Skip Ivison, dated August 1, 2001, 19 regarding update from American Pain 20 Foundation; is that correct? 21 A. Yes. 22 Q. And you're writing this to 23 Carol and Skip. 24 Who is Carol again?</p>

<p style="text-align: right;">Page 302</p> <p>1 A. Carol Ammon was the  2 president and CEO of Endo at the time.  3 Q. Thank you.  4 And you write, Hope this  5 finds you both well. John Giglio, the  6 new executive director of the American  7 Pain Foundation, asked me to forward the  8 attached update to you both. He also  9 expressed his appreciation for the  10 support Endo has provided to APF and is  11 forwarding a copy of APF's Form 990 along  12 to Skip in order to complete the grant  13 submission request for 2001. Take care,  14 Linda.  15 And if we look at what's on  16 the next page, on Page 2, this is a  17 letter -- or a memo to you from the  18 director of the APF at the time, John  19 Giglio.  20 And on Page 3, at the bottom  21 of the page, he says, Recent APF  22 accomplishments. With support from Endo,  23 \$20,000 in 1999 and \$25,000 in 2000, and  24 many other funders, APF has accomplished</p>	<p style="text-align: right;">Page 304</p> <p>1 rarely cause addiction. Morphine and  2 similar pain medications called opioids  3 can be highly effective for certain  4 conditions. Unless you have a history of  5 substance abuse, there is little risk of  6 addiction when these medications are  7 properly prescribed by a doctor and taken  8 as directed.  9 Did I read that correctly?  10 A. Yes, that's what it states  11 here.  12 Q. And this was the material  13 that was put out by the American Pain  14 Foundation, correct?  15 A. Again, what is the date on  16 this? Do you have that here somewhere?  17 Q. Yes. So we've actually seen  18 a few copies of these. We're not marking  19 all of them. This one is copyrighted  20 2000.  21 A. 2000. So very early. And  22 by that I mean prior to the information  23 in the public domain about the -- a lot  24 of the patient safety and public health</p>
<p style="text-align: right;">Page 303</p> <p>1 a lot in the past two years.  2 And he lists some websites,  3 a toll-free consumer number.  4 And then at the top of Page  5 4, it states, Patient education  6 materials. Produced the Pain Action  7 Guide, a patient education pamphlet that  8 has been so popular with consumers and  9 healthcare providers that we are into our  10 third printing.  11 Did I read that correctly?  12 A. Yes.  13 MS. AMINOLROAYA: 1337,  14 please. I'm handing you what's  15 been marked as Exhibit-36. This  16 is CHI_0004335580, and it's E1337.  17 - - -  18 (Whereupon, Endo-Kitlinski  19 Exhibit-36, CHI_000435580-597, was  20 marked for identification.)  21 - - -  22 BY MS. AMINOLROAYA:  23 Q. And if we go to Page 9 of  24 the document, it states, Pain medications</p>	<p style="text-align: right;">Page 305</p> <p>1 issues associated with opioids.  2 And I say that only because  3 just a few moments ago we were talking  4 about the American Pain Foundation in  5 2012, when they had a totally different  6 opinion on things.  7 So I just wanted to be clear  8 in my testimony that while that is what  9 this brochure says, this is a brochure  10 very early on and not relevant to the  11 work that APF was doing for NIPC or what  12 they believed in 2012.  13 MS. AMINOLROAYA: Move to  14 strike everything after the  15 word -- well, move to strike that  16 entire answer.  17 MR. DAVIS: We've been going  18 over an hour. Can we take a quick  19 break?  20 MS. AMINOLROAYA: Sure.  21 VIDEO TECHNICIAN: Going off  22 the record. The time is 3:58 p.m.  23 - - -  24 (Whereupon, a brief recess</p>

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1 was taken.)  
2 - - -  
3 VIDEO TECHNICIAN: We are  
4 back on the record. The time is  
5 4:16 p.m.  
6 BY MS. AMINOLROAYA:  
7 Q. And, Ms. Kitlinski, Endo  
8 used the American Pain Foundation to push  
9 back against initiatives that would  
10 restrict the use of opioids, correct?  
11 MR. DAVIS: Objection to  
12 form.  
13 MS. AMINOLROAYA: I'm  
14 handing you what's been marked as  
15 Exhibit-37. It's  
16 ENDO-OPIOID\_MDL-01652584. This is  
17 E1305.  
18 - - -  
19 (Whereupon, Endo-Kitlinski  
20 Exhibit-37,  
21 ENDO-OPIOID\_MDL-01652584-58628251-  
22 254, was marked for  
23 identification.)  
24 - - -

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1 BY MS. AMINOLROAYA:  
2 Q. And this is an e-mail from  
3 you to Mr. Galer, and other colleagues,  
4 correct, dated August 8th, 2001,  
5 regarding agenda for FDA meeting; APF  
6 alert.  
7 Is that right?  
8 A. Yes, that's what the  
9 document states.  
10 Q. And you write to Mr. Galer,  
11 During a meeting yesterday, John Giglio,  
12 APF executive director, expressed deep  
13 concern about three issues he expects the  
14 FDA/DEA to recommend during/after this  
15 meeting.  
16 And to orient us, August of  
17 2001, Ms. Kitlinski, is when reports of  
18 abuse of OxyContin had surfaced, correct?  
19 A. There was -- again, I do  
20 know that around that time there was  
21 beginning to be information in the public  
22 domain about increased misuse and abuse  
23 of opioids.  
24 I don't know specifically

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1 when the OxyContin information surfaced,  
2 as you said.  
3 Q. The e-mail continues to  
4 identify Mr. Giglio's concerns.  
5 One, reformulation of  
6 opioids to incorporate abuse deterrents.  
7 Two, revision to labeling of all opioids.  
8 Three, feared regulatory action - DEA's  
9 unprecedented national action plan and  
10 the potential for congressional action,  
11 prescribing limitations, et cetera.  
12 Did I read that correctly?  
13 A. Yes.  
14 Q. And then the last sentence  
15 in your e-mail states, Given John's  
16 access to FDA/DEA thinking and his 18  
17 years experience in health  
18 policy/government affairs, perhaps the  
19 team could benefit from a discussion with  
20 him. We would need to keep in mind he  
21 also has close contacts with PF, who is a  
22 major donor to APF. Linda.  
23 Did I read that correctly?  
24 A. You did.

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1 Q. And is "PF" Purdue  
2 Frederick?  
3 MR. DAVIS: Objection to  
4 form.  
5 THE WITNESS: I was just  
6 sitting here trying to think of  
7 who that would have been.  
8 I don't -- I called Purdue,  
9 Purdue, so the PF is not my usual  
10 method of referring to them. So I  
11 don't know.  
12 BY MS. AMINOLROAYA:  
13 Q. Was Purdue a major donor of  
14 the American Pain Foundation?  
15 MR. DAVIS: Objection to  
16 form.  
17 THE WITNESS: I know that  
18 they worked with the American Pain  
19 Foundation. I don't know the size  
20 of their donations.  
21 BY MS. AMINOLROAYA:  
22 Q. Do you know if Purdue  
23 provided support to the American Pain  
24 Foundation?

Page 310	Page 312
<p>1 MR. DAVIS: Objection to 2 form. 3 THE WITNESS: Well, I know 4 from their annual reports that 5 they -- that, you know, all of the 6 pain companies were -- provided 7 support to the pain foundations. 8 But I don't know, again, the 9 extent or the type of support that 10 Purdue particularly provided. 11 BY MS. AMINOLROAYA: 12 Q. Okay. And my question is, 13 just generally, did you know if Purdue 14 provided support to the American Pain 15 Foundation? 16 MR. DAVIS: Objection to the 17 form. 18 THE WITNESS: Again, of my 19 own knowledge, I don't know that. 20 I know that, according to 21 the annual report, that they were 22 listed among supporters. That's 23 all I know. 24 BY MS. AMINOLROAYA:</p>	<p>1 appropriate access and treatment 2 for pain. 3 BY MS. AMINOLROAYA: 4 Q. And more specifically, not 5 just pain companies, opioid 6 manufacturers, correct? 7 MR. DAVIS: Objection to 8 form. 9 THE WITNESS: Again, as I 10 just reiterated, the American Pain 11 Foundation was -- and as you saw 12 from that brochure, even though it 13 was an early one, they were 14 involved with looking to represent 15 all pain actions. 16 So, in other words, not just 17 opioids, whether it was -- whether 18 it was pharmacologic therapy, 19 whether it was nonpharmacologic 20 therapy, whether it was 21 multidisciplinary, they were 22 advocating for patients to get 23 their pain assessed and seek 24 appropriate treatment, whatever</p>
Page 311	Page 313
<p>1 Q. Which annual report are you 2 referring to? 3 A. The APF would publish their 4 annual reports. 5 Q. In the annual report of its 6 supporters, Purdue is listed; is that 7 right? 8 A. Correct. 9 Q. And any other pain 10 companies? 11 MR. DAVIS: Objection to 12 form. 13 THE WITNESS: There were -- 14 virtually every -- I shouldn't 15 exaggerate. 16 There were multiple 17 additional -- I'm trying to be as 18 exact as possible. There were 19 multiple pain companies that were 20 listed, as well as nonprofit 21 organizations, as well as other 22 professional societies and, you 23 know, foundations that were 24 advancing appropriate --</p>	<p>1 their clinicians thought that 2 should be. 3 BY MS. AMINOLROAYA: 4 Q. And in addition to Purdue, 5 was Janssen one of the opioid 6 manufacturers that supported the American 7 Pain Foundation? 8 A. I don't know, because 9 Janssen and J&amp;J went through multiple 10 corporate iterations. So I don't know 11 that. 12 Q. But you do know that Purdue 13 is a supporter of the American Pain 14 Foundation? 15 MR. DAVIS: Objection to 16 form. 17 THE WITNESS: Again, I know 18 that I saw that in an annual 19 report. 20 BY MS. AMINOLROAYA: 21 Q. And turning your attention 22 back to the Senate Finance Committee 23 submission, it's E287. 24 MR. DAVIS: Exhibit-33; is</p>

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1 that right?

2 BY MS. AMINOLROAYA:

3 Q. The top of Page 24, you'll

4 see that a month after you suggest a

5 meeting with John Giglio of the FDA,

6 there is a payment listed, in September

7 of 2001, to the American Pain Foundation

8 for \$20,000; is that correct?

9 MR. DAVIS: Objection to

10 form.

11 THE WITNESS: I'm sorry?

12 MR. DAVIS: Do you need a

13 ruler?

14 THE WITNESS: No, I see it

15 now. I was just looking at where

16 you were getting the month from.

17 I see that now, yes.

18 So in September of 2001,

19 there was a \$20,000 donation made

20 to the American Pain Foundation.

21 BY MS. AMINOLROAYA:

22 Q. All right. And do you

23 recall that an advisory committee was

24 held at FDA a few months after that?

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1 A. 2001?

2 Q. January -- excuse me,

3 January of 2002.

4 Do you recall that an

5 advisory committee was held at FDA in

6 January of 2002?

7 So four months after Endo

8 makes its contribution to the American

9 Pain Foundation and reaches out to Mr.

10 Giglio.

11 MR. DAVIS: Objection to

12 form.

13 THE WITNESS: No, I'm

14 familiar with the FDA advisory

15 committee meetings that occurred

16 in relation to the REMS. And the

17 timing on that was, like, 2009

18 through, you know, 2012, when the

19 REMS was released. And there were

20 some subsequent to them.

21 But I am not aware of, at

22 least at this point in time, from

23 my recollection, the earlier one

24 you're referring to.

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1 MS. AMINOLROAYA: Turning

2 your attention to Exhibit-38.

3 It's JAN-MS-00925641, and it's

4 E1303.

5 - - -

6 (Whereupon, Endo-Kitlinski

7 Exhibit-38, JAN-MS-00925641-643,

8 with attachment, was marked for

9 identification.)

10 - - -

11 BY MS. AMINOLROAYA:

12 Q. This is an e-mail from Eric

13 Hauth, chief operating officer of the

14 American Pain Foundation, to a number of

15 recipients, in December of 2011,

16 regarding APF corporate roundtable.

17 And the recipients included

18 you, if you look at the second line.

19 A. Yes.

20 Q. And who else did Mr. Hauth

21 send this e-mail regarding the APF

22 corporate roundtable to?

23 Did he send it to someone

24 from Cephalon?

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1 A. Well, I would have to look

2 at each of these e-mail addresses here.

3 Q. Sure. And I'll direct you

4 to the e-mail, SBeckhar@Cephalon.

5 A. I'm sorry, which line is

6 that on?

7 Q. First line.

8 A. Yes.

9 Q. So Mr. Hauth sent this

10 e-mail to you and to an S. Beckhar at

11 Cephalon in 2011; is that correct?

12 A. Yes. And to Lilly and to

13 Bayer, it looks like, Medtronic, King,

14 Purdue, ESCI.

15 Q. Who is the Purdue individual

16 on the e-mail that you noticed, you

17 recognized?

18 A. I see Marcia Stan -- no, I'm

19 sorry. Not Marcia Stanton.

20 Pamela Bennett was the one I

21 saw on that line. Marcia was at King.

22 I mean, there's a number of

23 people here copied from Purdue.

24 Q. Were these members of the

<p style="text-align: right;">Page 318</p> <p>1 APF corporate roundtable at the time?</p> <p>2 MR. DAVIS: Objection to</p> <p>3 form.</p> <p>4 THE WITNESS: I don't -- I</p> <p>5 don't know. I know that -- you</p> <p>6 know, again, that's what the title</p> <p>7 of this is, the APF corporate</p> <p>8 roundtable call.</p> <p>9 But I don't know, of my own</p> <p>10 knowledge, that these individuals</p> <p>11 were members of Purdue's corporate</p> <p>12 roundtable -- I mean, are members</p> <p>13 of APF's corporate roundtable from</p> <p>14 Purdue. Excuse me.</p> <p>15 BY MS. AMINOLROAYA:</p> <p>16 Q. All right. Turn to Page 9</p> <p>17 of the document. It's entitled, Vision</p> <p>18 and Mission.</p> <p>19 We'll go to Page 10. And</p> <p>20 the mission here on Page 9, sorry, going</p> <p>21 back a page, is, To educate, support and</p> <p>22 advocate for people affected by pain; is</p> <p>23 that right?</p> <p>24 A. Yes, that's what it says.</p>	<p style="text-align: right;">Page 320</p> <p>1 improving federal pain policy?</p> <p>2 A. I'm familiar with the Pain</p> <p>3 Care Forum. I don't know how many</p> <p>4 members they had. I presume that APF</p> <p>5 would have that information correct.</p> <p>6 But, again, I don't know</p> <p>7 that of my own knowledge.</p> <p>8 Q. Do you have a reason to</p> <p>9 dispute this number?</p> <p>10 A. No.</p> <p>11 MR. DAVIS: Objection to</p> <p>12 form.</p> <p>13 BY MS. AMINOLROAYA:</p> <p>14 Q. Okay.</p> <p>15 A. But I'm testifying to what I</p> <p>16 know. So that's not something I know.</p> <p>17 Q. You received this document</p> <p>18 in 2011, correct?</p> <p>19 A. Yes. But I would have no</p> <p>20 way of confirming how many members there</p> <p>21 were in the Pain Care Forum, that's all</p> <p>22 I'm saying.</p> <p>23 Q. Let's take a look at Page</p> <p>24 15, regarding the Pain Care Forum.</p>
<p style="text-align: right;">Page 319</p> <p>1 Q. The strategic vision, APF is</p> <p>2 2 million supported and supportive</p> <p>3 members.</p> <p>4 The recipients of this</p> <p>5 e-mail are employees of pharmaceutical</p> <p>6 companies, of opioid manufacturers; is</p> <p>7 that correct?</p> <p>8 MR. DAVIS: Objection to</p> <p>9 form.</p> <p>10 THE WITNESS: The recipients</p> <p>11 of this e-mail appear, from</p> <p>12 their -- from their e-mail</p> <p>13 addresses, to be employees of pain</p> <p>14 management companies, whether they</p> <p>15 are opioid companies or others.</p> <p>16 BY MS. AMINOLROAYA:</p> <p>17 Q. And among the advocacy</p> <p>18 efforts, if we look at Page 11, that the</p> <p>19 APF was engaged in was the Pain Care</p> <p>20 Forum; is that right?</p> <p>21 A. Yes, that's the first bullet</p> <p>22 point there.</p> <p>23 Q. And was that a 62-member</p> <p>24 organization coalition committed to</p>	<p style="text-align: right;">Page 321</p> <p>1 And, again, the document</p> <p>2 repeats that, the Pain Care Forum is</p> <p>3 comprised of 62 members. And it</p> <p>4 identifies task forces such as REMS,</p> <p>5 acetaminophen, legislative, the IOM task</p> <p>6 force; is that correct?</p> <p>7 A. Yes.</p> <p>8 Q. And the REMS task force was</p> <p>9 comprised of 35 organizations.</p> <p>10 Was Endo a member of that</p> <p>11 task force?</p> <p>12 A. Endo was a member of the</p> <p>13 REMS task force, yes.</p> <p>14 Q. And underneath that, it</p> <p>15 says, Create a coordinated messaging to</p> <p>16 the FDA. Active presence at public</p> <p>17 meetings. Over 2,500 responses to the</p> <p>18 FDA docket. APF public petition had over</p> <p>19 4,000 submissions.</p> <p>20 Did I read that correctly?</p> <p>21 A. That certainly is what this</p> <p>22 slide said.</p> <p>23 Q. And Endo also provided</p> <p>24 support to the American Pain Society; is</p>

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1 that correct?

2 MR. DAVIS: Objection to

3 form.

4 THE WITNESS: I'm sorry?

5 BY MS. AMINOLROAYA:

6 Q. Endo provided financial

7 support to the American Pain Society; is

8 that correct?

9 A. Yes. The documents in the

10 Senate finance committee show that.

11 Q. And, in fact, you were very

12 involved with Endo's effort to support

13 the American Pain Society; is that right?

14 MR. DAVIS: Objection to

15 form.

16 THE WITNESS: I was one of

17 the contacts for Endo with the

18 American Pain Society, and I

19 coordinated the independent

20 education that was done through

21 the APS, yes.

22 BY MS. AMINOLROAYA:

23 Q. Were you just a contact?

24 A. No.

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1 MR. DAVIS: Objection to

2 form.

3 THE WITNESS: I just said I

4 coordinated the unrestricted

5 educational grants for the

6 American Pain Society, just as I

7 did for all of the other

8 independent medical education.

9 BY MS. AMINOLROAYA:

10 Q. And, in fact, you had a

11 close relationship with the leadership of

12 the American Pain Society?

13 MR. DAVIS: Objection to

14 form.

15 THE WITNESS: I actually am

16 very proud, after 35 years of

17 working in this field, to have

18 fairly good relationships with all

19 of the national professional

20 organizations and the patient

21 advocacy organizations and the

22 therapeutic experts, which is why

23 I think I am an official to them

24 as a liaison on projects like the

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1 FDA REMS and the CCE project.

2 MS. AMINOLROAYA: I'm

3 marking Exhibit-39.

4 ENDO-Opioid\_MDL01928251.

5 - - -

6 (Whereupon, Endo-Kitlinski

7 Exhibit-39,

8 ENDO-OPIOID\_MDL-01928251, was

9 marked for identification.)

10 - - -

11 MS. AMINOLROAYA: It's

12 E1269.

13 BY MS. AMINOLROAYA:

14 Q. This is an e-mail from you

15 to Bradley Galer, copying

16 [REDACTED] and others in your

17 department at Endo; is that correct?

18 A. Yes, others in medical

19 affairs and clinical education, correct.

20 Q. This is dated July 31, 2002.

21 The subject is, Draft of APS

22 faculty/program for your review.

23 And here you're circulating

24 proposed topics for the APS residents

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1 program?

2 MR. DAVIS: Objection to

3 form.

4 BY MS. AMINOLROAYA:

5 Q. Is that right?

6 A. Excuse me, let me read this,

7 because it seems to be somewhat different

8 than what you just characterized. And I

9 just want to --

10 Q. Okay. Well, let's read the

11 document to move things along.

12 A. Thank you.

13 Q. You write, Charles and I

14 spoke this morning and reviewed the

15 faculty/topics you and I had discussed in

16 Seattle.

17 So, apparently, you had a

18 discussion with Bradley Galer about this?

19 A. Yes.

20 Q. And you write --

21 MR. DAVIS: Objection to

22 form.

23 BY MS. AMINOLROAYA:

24 Q. -- anyway, here is the draft

<p style="text-align: right;">Page 326</p> <p>1 we came up with, parenthesis, I'm also          2 faxing illustrate to Charles for          3 review/comment. Five questions for you          4 to consider. We were discussing who to          5 speak on opioids, considered Payne,          6 Portenoy, Katz, Declan Walsh. And          7 thought Payne would be our first choice          8 and a good political move with APS.          9 And then number 2, you say,          10 We have room for two new topics. We          11 thought we might include          12 institutionalizing pain management          13 practices: Implications of JCAHO          14 standards, both so the residents would          15 realize the significance of pain          16 management, and also as a way to get          17 another discipline (pharmacology)          18 involved by having June Dahl speak.          19 Thoughts?          20 Did I read that correctly?          21 A. Yes.          22 Q. And this is a proposal          23 you're sending to Mr. Galer regarding the          24 American Pain Society's residents</p>	<p style="text-align: right;">Page 328</p> <p>1 So here you are suggesting          2 topics for the APS residents program,          3 including education on the JCAHO          4 standards, right?          5 Those were the standards          6 that we heard about from Dr. Ford          7 earlier?          8 MR. DAVIS: Objection to          9 form.          10 THE WITNESS: Which, again,          11 as you said, that had been a new          12 advance. I wasn't sure what the          13 timing of it was. Certainly, it          14 seemed to me it was earlier than          15 the 2006 date that that NIPC talk          16 was.          17 But this puts it in          18 perspective or frame of reference          19 there.          20 And, again, to your question          21 about the fact that this e-mail          22 was discussing topics, I'll just          23 point out the date of it was 2002,          24 which was consistent with what was</p>
<p style="text-align: right;">Page 327</p> <p>1 program?          2 A. Correct.          3 Q. And the American Pain          4 Society residents program trained young          5 doctors who were doing their residency;          6 is that correct?          7 MR. DAVIS: Objection to          8 form.          9 THE WITNESS: The American          10 Pain Society residency program was          11 designed to have residents from          12 across the country participate in          13 a week-long meeting at APS to          14 learn about -- not just about pain          15 management, but pain assessment,          16 what the new science and research          17 was, and to recognize the          18 importance of pain in their          19 practices.          20 BY MS. AMINOLROAYA:          21 Q. And at the bottom of the          22 document you tell Mr. Galer, And, of          23 course, please add any additional words          24 of wisdom.</p>	<p style="text-align: right;">Page 329</p> <p>1 appropriate under the independent          2 education standards at that time.          3 BY MS. AMINOLROAYA:          4 Q. In fact, you paid millions          5 of dollars to the American Pain Society          6 for this type of education, correct?          7 MR. DAVIS: Objection to          8 form.          9 THE WITNESS: I would have          10 to look at the document for the          11 Senate Finance Committee. I don't          12 recall.          13 BY MS. AMINOLROAYA:          14 Q. Okay. Let's take a look.          15 If we look at Page 26,          16 that's where the American Pain Society          17 payments begin.          18 A. Yes.          19 Q. And we see payments to the          20 American Pain Society started by Endo in          21 1998; is that right?          22 A. Yes.          23 Q. And we won't go through all          24 of these, but we can see that there's a</p>

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1 total for each year.  
2       So in 1998, payments were  
3 \$20,000. They increased, in 1999, to  
4 \$48,665. In 2000, it's \$55,935. In  
5 2001, the number goes up, it's \$132,400.  
6 And we see listings for 2002, 2003  
7 payments, 2004.  
8       And this continues every  
9 year --  
10      A. Again, if I may just point  
11 out --  
12      Q. -- through 2011?  
13      A. If I may just point out what  
14 the -- we discussed earlier that this  
15 document lists not just pain education,  
16 educational grants.  
17       So, again, it would not be  
18 within my scope of responsibilities to  
19 comment on the other payments. And you  
20 could -- you know, I would defer to my  
21 other colleagues at Endo in the  
22 appropriate departments to share that  
23 information with you.  
24      Q. And is the total payments to

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1 the American Pain Society, between 1998  
2 and 2012, listed in Endo's submission to  
3 the Senate Finance Committee, of  
4 \$4,468,253.10?  
5      A. Again, this includes --  
6 that's what this document states.  
7      Q. Thank you.  
8       So you would agree that Endo  
9 paid millions of dollars to the American  
10 Pain Society?  
11      MR. DAVIS: Objection to  
12 form.  
13 BY MS. AMINOLROAYA:  
14      Q. And certainly pain education  
15 was among the categories of services that  
16 Endo paid the American Pain Foundation --  
17 America Pain Society for; is that right?  
18      A. Pain education was among  
19 those services, yes.  
20       But, again, I would not be  
21 able to confirm or disaffirm the  
22 millions-of-dollars total there.  
23      MS. AMINOLROAYA: Move to  
24 strike after "pain education was

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1 among those services, yes."  
2       E1308. I'm handing you  
3 what's been marked as Exhibit-40,  
4 ENDO-OPIOID\_MDL-05968029. E1308.  
5       - - -  
6       (Whereupon, Endo-Kitlinski  
7 Exhibit-40,  
8 ENDO-OPIOID\_MDL-05968029-075, was  
9 marked for identification.)  
10      - - -  
11      THE WITNESS: Thank you.  
12 BY MS. AMINOLROAYA:  
13      Q. And this is -- at the bottom  
14 here of Page 2, Eric Boyer writes to you,  
15 on August 21, 2009, regarding the APS  
16 residents course.  
17      A. Yes.  
18      Q. It says, I was cleaning up  
19 my office and I found a box -- the box  
20 that I had packaged your APS residents  
21 course syllabus in and, apparently, never  
22 made it down to the FedEx drop off.  
23      A. Excuse me.  
24      Q. He continues, I am very

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1 sorry for the delay.  
2       And then notes that he's  
3 attached the first five parts of the  
4 syllabus.  
5       And if we turn to Page 5 of  
6 the document, we see the programming for  
7 the American Pain Society residents  
8 program for 2009.  
9       You can see on Page 4, the  
10 program took place on May 5th and May  
11 6th, 2009 in San Diego; is that right?  
12      A. Yes, that's what the agenda  
13 states.  
14      Q. All right. And if we turn  
15 to Page 38, the top of this box, the top  
16 of the first slide says, Differential  
17 diagnosis of aberrant drug-taking  
18 attitudes and behavior.  
19       And you'll see, is  
20 pseudoaddiction (inadequate analgesia)  
21 listed as --  
22      A. Sorry, I was just getting to  
23 the right page there.  
24      Q. And you would agree that

<p style="text-align: right;">Page 334</p> <p>1 part of the curriculum for the APS  2 residents course involved teaching of the  3 concept of pseudoaddiction?  4 MR. DAVIS: Objection to  5 form.  6 THE WITNESS: Well, again,  7 to be sure that we're putting this  8 in the correct context, the  9 differential diagnosis of  10 aberrant-drug taking attitudes and  11 behavior, the first differential  12 diagnosis is for addiction, so  13 that that is not missed and  14 misconstrued as pseudoaddiction.  15 And then, in addition,  16 chemical copers, which are people  17 who misuse opioids; other  18 psychiatric diagnosis; and then  19 criminal intent or diversion or  20 whatever.  21 So pseudoaddiction is listed  22 on that chart. But so, too, is  23 actual addiction and the other  24 types of opioid misuse and abuse</p>	<p style="text-align: right;">Page 336</p> <p>1 first?  2 THE WITNESS: There we go.  3 BY MS. AMINOLROAYA:  4 Q. Sure.  5 Do you have the document  6 now, Ms. Kitlinski?  7 A. Yes. And what page are you  8 referring to?  9 Q. Page 3.  10 A. Okay.  11 Q. And does -- among the  12 misconceptions that are listed here, is  13 the one on the third page pseudoaddicts?  14 A. I think my eyes are going.  15 Okay, I see it now.  16 Q. It's highlighted on the  17 screen, if you look at the screen.  18 A. Thank you.  19 Q. And is this one of the pain  20 teachings that the pain community got  21 wrong, according to Dr. Webster?  22 MR. DAVIS: Objection to  23 form.  24 THE WITNESS: Well, again,</p>
<p style="text-align: right;">Page 335</p> <p>1 that Endo is trying to mitigate in  2 its education.  3 BY MS. AMINOLROAYA:  4 Q. And pseudoaddiction is one  5 of the incorrect teachings that Dr.  6 Webster identified in the document we  7 looked at earlier, correct?  8 MR. DAVIS: Objection to  9 form.  10 THE WITNESS: The concept of  11 pseudoaddiction is not incorrect.  12 The concept of the fact that  13 you could press the -- press  14 the -- that pseudoaddiction is  15 that -- is what is occurring every  16 time you don't get a response to  17 therapy, that's incorrect.  18 BY MS. AMINOLROAYA:  19 Q. And on Exhibit-29, on Page  20 3, Dr. Webster described the concept of  21 pseudoaddicts as something that the pain  22 community got wrong; is that correct?  23 MR. DAVIS: Why don't you  24 let the witness take a look at it</p>	<p style="text-align: right;">Page 337</p> <p>1 unless I'm -- is there another  2 reference to -- and I ask this  3 question just because my eyes are  4 getting tired, and I don't want to  5 take your time up, is there  6 another place on this article  7 besides this misconception  8 statements about pseudoaddiction?  9 Does that -- does that  10 appear anywhere else on this  11 document?  12 So what Dr. Webster is  13 saying that, among the  14 misconceptions, the one that  15 refers to pseudoaddiction here,  16 people who seek more frequent  17 prescriptions or higher doses of  18 the drugs aren't addicts, they are  19 pseudoaddicts who just need more  20 pain relief and more opioids.  21 There's a difference between  22 that and -- because it's saying  23 that people are seeking more  24 frequent prescriptions or seeking</p>

<p style="text-align: right;">Page 338</p> <p>1 higher doses of opioids, which is          2 drug-seeking behavior, as opposed          3 to the definition of          4 pseudoaddiction, which is, the          5 patient isn't obtaining sufficient          6 pain relief and if the physician          7 adjusts their pain medication,          8 they can have their pain relieved.          9 So there -- I'm not          10 saying -- I'm not disagreeing with          11 what you said, Dr. Webster did say          12 we got it wrong. And this does          13 refer to pseudoaddicts, but          14 they're not saying that there is          15 no such thing as pseudoaddiction.          16 It's just these people who seek          17 more frequent prescriptions or          18 higher doses.          19 BY MS. AMINOLROAYA:          20 Q. You're not a doctor, right,          21 Ms. Kitlinski?          22 A. No, I'm not.          23 MS. AMINOLROAYA: I'm          24 handing you what's been marked as</p>	<p style="text-align: right;">Page 340</p> <p>1 American Pain Society's website entitled,          2 2017 Elizabeth Narcessian Award For          3 Outstanding Educational Achievements in          4 the Field of Pain. And we have a picture          5 of you there.          6 A. Yes.          7 Q. And the third -- the third          8 paragraph there states, Ms. Kitlinski is          9 a strong proponent of utilizing          10 innovative partnerships/learning          11 approaches. She was instrumental in          12 establishing APS's interdisciplinary          13 fundamentals of pain management course,          14 which has provided over 1,150          15 residents/fellows with mentored exposure          16 to the annual scientific meeting and a          17 solid foundation for continued learning          18 on pain assessment/management.          19 Did I read that correctly?          20 A. Yes.          21 Q. So pseudoaddiction was part          22 of the solid foundation that was provided          23 to these young doctors; is that right?          24 MR. DAVIS: Objection to</p>
<p style="text-align: right;">Page 339</p> <p>1 E1300.          2 - - -          3 (Whereupon, Endo-Kitlinski          4 Exhibit-41, No Bates, American          5 Pain Society; 2017 Elizabeth          6 Narcessian Award for Outstanding          7 Educational Achievements in the          8 Field of Pain, was marked for          9 identification.)          10 - - -          11 BY MS. AMINOLROAYA:          12 Q. In fact, you won an award          13 for your work with the American Pain          14 Society residents program; is that          15 correct?          16 A. I won an award for          17 innovation in pain education. That          18 was -- that is awarded annually by the          19 American Pain Society to someone who they          20 believe has made a contribution, a          21 valuable contribution, to the field of          22 pain assessment and management.          23 Q. I'm handing you E1300.          24 It's a printout from the</p>	<p style="text-align: right;">Page 341</p> <p>1 form.          2 THE WITNESS:          3 Pseudoaddiction was one term that          4 was covered during the course of a          5 week-long -- well, a two-day          6 meeting and an additional          7 multi-days American Pain Society.          8 And it was covered along          9 with the other appropriate terms          10 for opioid awareness and          11 management.          12 BY MS. AMINOLROAYA:          13 Q. All right. And there          14 were -- and we looked at an earlier          15 presentation, it was a couple of hours          16 ago, but you might remember it was a 2003          17 CD&amp;E presentation that discussed Endo's          18 participation on the APS guidelines          19 committee.          20 Do you recall that?          21 A. I recall our discussion,          22 yes.          23 Q. And you recall the document?          24 A. No, I don't recall that we</p>

<p style="text-align: right;">Page 342</p> <p>1 looked at the document, quite frankly. 2 Q. We'll get that for you in a 3 moment. 4 MS. AMINOLROAYA: I'm 5 handing you what has been marked 6 as Exhibit-42. This is 7 PKY181215547. And it's E1406. 8 - - - 9 (Whereupon, Endo-Kitlinski 10 Exhibit-42, PKY181215547-749, was 11 marked for identification.) 12 - - - 13 THE WITNESS: Thank you. 14 Yes, we definitely did not 15 look at this. 16 BY MS. AMINOLROAYA: 17 Q. Oh, no, this was not the 18 document I was referring to, sorry. 19 We're pulling it up. 20 And this document is the 21 Guideline for the Management of Pain in 22 Osteoarthritis, Rheumatoid Arthritis and 23 Juvenile Chronic Arthritis, second 24 edition.</p>	<p style="text-align: right;">Page 344</p> <p>1 was using in 2000 was -- there you can 2 see, it's several bullets down, APS 3 guideline project and implementation 4 committee; is that correct? 5 A. Yes. 6 Q. Thank you. 7 Does that refresh your 8 memory? 9 A. Yes. Thank you. 10 Q. And what we're looking at, a 11 guideline from the American Pain Society; 12 is that correct? 13 A. This is one of the 14 guidelines that they produce, yes. 15 Q. And if you look at Page 14 16 of the document, is Endo Pharmaceuticals 17 a source of financial support for these 18 guidelines? 19 A. Yes, along with multiple 20 other organizations, that's correct. 21 Q. Okay. So let's identify 22 some of them. 23 Is Purdue another supporter 24 of the guidelines?</p>
<p style="text-align: right;">Page 343</p> <p>1 And you can see at the 2 bottom there the American Pain Society 3 logo, correct? 4 A. Yes. I was just looking to 5 see what the date was on there, but I 6 have not found that yet, just as a frame 7 of reference. 8 2002, okay, I see it. Thank 9 you. 10 Q. Yes. And this was one of 11 the objectives that CD&amp;E had in the year 12 2000. 13 If you go back to Exhibit-3, 14 Page 15 of the document, it says, 15 Establish Endo as a leader -- 16 MR. DAVIS: Do you mind just 17 waiting until we have the document 18 in front of Ms. Kitlinski, please? 19 Here you go. 20 THE WITNESS: Thank you. 21 BY MS. AMINOLROAYA: 22 Q. Turn to Page 15, we looked 23 at this earlier. 24 One of the tactics that CD&amp;E</p>	<p style="text-align: right;">Page 345</p> <p>1 A. Their name is listed here, 2 yes. 3 Q. And do you see Janssen's 4 name? 5 A. Yes. 6 Q. So you weren't alone in 7 supporting these guidelines, correct, Ms. 8 Kitlinski? 9 MR. DAVIS: Objection to 10 form. 11 THE WITNESS: The whole 12 point of guideline projects is to 13 get the broadest support from 14 the -- not just pharmaceutical 15 industry, but groups like Hoechst 16 Foundation and the Faulding 17 Laboratories, so that the 18 guidelines are appropriately 19 funded. 20 BY MS. AMINOLROAYA: 21 Q. I'm going to add here to our 22 chart, Ms. Kitlinski, Purdue and Janssen 23 as supporters of the American Pain 24 Society.</p>

<p style="text-align: right;">Page 346</p> <p>1 And you also supported 2 the FSMB; is that correct? 3 MR. DAVIS: Objection to 4 form. 5 THE WITNESS: I'm sorry? 6 BY MS. AMINOLROAYA: 7 Q. Endo also supported the 8 FSMB's efforts; is that correct? 9 A. The Federation of State 10 Medical Boards. 11 Q. Yes. Thank you. 12 A. Sure. 13 FSMB had a lot of efforts. 14 I'm not sure what you're specifically 15 referring to. They have efforts across 16 the country. 17 Q. Did you -- did Endo provide 18 funding for the FSMB's efforts? 19 A. Again, if you could tell me 20 which efforts -- 21 MR. DAVIS: Objection. 22 THE WITNESS: -- I would 23 be -- could tell you if we did. 24 BY MS. AMINOLROAYA:</p>	<p style="text-align: right;">Page 348</p> <p>1 A. Correct. 2 Q. So you would agree Endo 3 provided funding to the FSMB in the 4 hundreds of thousands of dollars? 5 A. Pain education grants, yes. 6 Q. For pain education, correct? 7 A. Correct. 8 MS. AMINOLROAYA: Can we 9 have 423, please? 10 I'm handing you Exhibit-43. 11 This is END00051370. E423. 12 - - - 13 (Whereupon, Endo-Kitlinski 14 Exhibit-43, END00051370-443, was 15 marked for identification.) 16 - - - 17 BY MS. AMINOLROAYA: 18 Q. And this is, Responsible 19 Opioid Prescribing, a Physician's Guide. 20 And the name on the front of the cover 21 here is, Scott Fishman, MD. 22 And we also see the logo of 23 the Federation of State Medical Boards; 24 is that correct?</p>
<p style="text-align: right;">Page 347</p> <p>1 Q. Sure. 2 A. Because we had them -- 3 Q. Sure. Did the -- 4 A. State -- they had state 5 initiatives. They had national 6 initiatives. They had different 7 projects. So I just want to be clear 8 what we're talking about. 9 Q. And let's go to the Senate 10 Finance Committee submission, Exhibit-33, 11 and turn to Page 32, please. 12 You see at the bottom of 13 this page, Endo payments to the 14 Federation of State Medical Boards? 15 A. Yes. 16 Q. In 2000? 17 A. Yes. 18 Q. In 2006? 19 A. Yes. 20 Q. Payments were made in 2007? 21 A. Yes. 22 Q. And 2008? 23 A. And 2010. 24 Q. For a total of \$369,000?</p>	<p style="text-align: right;">Page 349</p> <p>1 A. Yes. 2 Q. Did you know Dr. Fishman? 3 A. I did, yes. He's one of the 4 national therapeutic experts I mentioned 5 earlier. 6 Q. And over the course of your 7 time at Endo, did you have occasion to 8 communicate with Dr. Fishman? 9 A. Yes. 10 Q. And Page 3 of the document 11 tells us that this is copyrighted 2007; 12 is that right? 13 A. Yes. 14 Q. And Endo sponsored this 15 book; is that right? 16 MR. DAVIS: Objection to 17 form. 18 THE WITNESS: Endo was one 19 of the organizations that provided 20 an educational grant towards this, 21 yes. 22 BY MS. AMINOLROAYA: 23 Q. You would agree it says -- 24 withdrawn.</p>

<p style="text-align: right;">Page 350</p> <p>1 Along with other  2 organizations. So was Purdue Pharma one  3 of these other organizations that  4 provided support?  5 A. Their name is listed here.  6 Q. And is Cephalon another  7 opioid manufacturer that provided  8 support?  9 A. Cephalon's name is listed  10 here.  11 Q. As well as the American Pain  12 Foundation?  13 A. Yes. There are quite a  14 number of nonprofit organizations listed  15 here.  16 Q. And the Federation of State  17 Medical Boards Research and Education  18 Foundation?  19 A. Well, it's their  20 publication. So, yes.  21 Q. And let's look at Page 18 of  22 the document, Assessing risk and benefit.  23 Do you see that on the lower  24 left-hand side?</p>	<p style="text-align: right;">Page 352</p> <p>1 Oh, I'm sorry, I'm looking  2 at the wrong Page 36. Go right ahead.  3 Q. Top left of the page, it  4 states, Be aware of the distinction  5 between pseudoaddiction and addiction.  6 Patients who are receiving an inadequate  7 dose of opioid medication often seek more  8 pain addictions -- excuse me -- to  9 obtain pain relief. This is called  10 pseudoaddiction because healthcare  11 practitioners can mistake it for the  12 drug-seeking behavior of addiction.  13 Did I read that correctly?  14 A. Yes.  15 Q. And then it goes on to  16 list -- the last sentence of this  17 paragraph states, Some common signs of  18 pseudoaddiction resulting from inadequate  19 analgesia -- and then it goes on to list  20 several of them; is that right?  21 A. Yes.  22 And you'll also see it goes  23 on to state that, Note that these same  24 behavioral signs can indicate addiction</p>
<p style="text-align: right;">Page 351</p> <p>1 A. Yes. If you'll just give me  2 a moment here to read the foreword, if I  3 may. It's just one page.  4 All right. I'm sorry, you  5 were directing me to which page?  6 Q. Yes. Let's look at the top  7 of Page 19.  8 And under Assessing risk and  9 benefit, several paragraphs in, it  10 states, Another risk posed by a  11 nontreatment or undertreatment of pain  12 affects the physician but not the patient  13 directly. Physicians have been  14 successfully sued for not treating pain  15 aggressively.  16 Did I read that correctly?  17 A. I'm sorry, I still  18 haven't -- all right.  19 Q. Did I read that correctly,  20 Ms. Kitlinski?  21 A. Yes, you did.  22 Q. Okay, thanks. Let's turn to  23 Page 36.  24 A. Yes.</p>	<p style="text-align: right;">Page 353</p> <p>1 and that one way to discriminate between  2 the two -- which is what I was referring  3 to earlier -- is to observe, as closely  4 as possible, the functional consequences  5 of opioid use. When it resolves when the  6 patient obtains adequate analgesia,  7 addictive behavior -- I'm sorry, Whereas  8 pseudoaddiction resolves when the patient  9 obtains adequate analgesia, addictive  10 behavior does not.  11 So they are making the  12 distinction that we referred to earlier.  13 MS. AMINOLROAYA: Move to  14 strike everything after the word  15 "yes."  16 You can set that aside.  17 BY MS. AMINOLROAYA:  18 Q. Let's turn back to the  19 Senate Finance Committee submission.  20 Endo also provided millions  21 of dollars of payments to the American  22 Academy of Pain Management; is that  23 correct?  24 A. If you'll give me a moment</p>

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1 to get to that document.  
2 And you said the American  
3 Academy of Pain Management or Pain  
4 Medicine, which of the two?  
5 Q. Pain Medicine.  
6 A. I think I saw one on here  
7 for Pain Management. All right.  
8 Q. And if we look at Pages 25  
9 and 26, do these payments start in 1999?  
10 A. That's correct.  
11 Q. And did they continue  
12 through 2012?  
13 A. That's correct.  
14 Q. These payments total over \$1  
15 million during that time period?  
16 A. And, again, I, of my own  
17 knowledge, can only speak to the pain  
18 education payments.  
19 Q. The total payments that was  
20 submitted to the Senate Finance Committee  
21 by Endo Pharmaceuticals in 2012, was that  
22 over \$1 million?  
23 A. Again, I'm not trying to be  
24 difficult here, but I don't know that of

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1 my own knowledge.  
2 I know what the pain  
3 education is on here, and I know that  
4 this is the report that was submitted to  
5 the Senate Finance Committee.  
6 So the appropriate folks at  
7 Endo would have contributed the other --  
8 the other information. I'm just trying  
9 to be clear on what I know firsthand.  
10 Q. Did Endo provide money for  
11 pain education to the American Academy of  
12 Pain Medicine in 1999?  
13 A. Absolutely.  
14 MR. DAVIS: Objection to  
15 form.  
16 BY MS. AMINOLROAYA:  
17 Q. Did it provide payments --  
18 and I'll call it AAPM for short.  
19 A. Sure.  
20 Q. Did it provide payments to  
21 the AAPM in 2000?  
22 A. Yes.  
23 Q. And did that continue in  
24 2001?

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1 MR. DAVIS: Objection to  
2 form.  
3 THE WITNESS: Yes.  
4 BY MS. AMINOLROAYA:  
5 Q. 2002?  
6 A. Yes.  
7 Q. '03, 2003?  
8 MR. DAVIS: Objection to  
9 form.  
10 THE WITNESS: Yes.  
11 BY MS. AMINOLROAYA:  
12 Q. 2004?  
13 MR. DAVIS: Objection to  
14 form.  
15 THE WITNESS: Yes.  
16 BY MS. AMINOLROAYA:  
17 Q. Did Endo provide funding to  
18 the AAPM in 2005?  
19 A. Yes.  
20 Again, we're talking about  
21 pain education funding, correct?  
22 Q. Yes.  
23 A. Okay. Yes.  
24 Q. And did that -- those

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1 payments for pain education continue in  
2 2007, 2008, 2009, 2010, '11 and '12?  
3 MR. DAVIS: Objection to  
4 form.  
5 THE WITNESS: Yes, that is  
6 correct.  
7 BY MS. AMINOLROAYA:  
8 Q. And you would agree just  
9 looking at between 2007 to 2012, the year  
10 summaries there indicate that hundreds of  
11 thousands of dollars were paid to the  
12 AAPM for pain education?  
13 MR. DAVIS: Objection to  
14 form.  
15 THE WITNESS: Again, the --  
16 just as I mentioned when you were  
17 looking at the American Pain  
18 Foundation totals, those are the  
19 amounts of the educational grants  
20 that were paid to execute  
21 activities at those organizations,  
22 pain education activities.  
23 So that is not to imply that  
24 the AAPM received a fee of

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1 hundreds of thousands of dollars.  
2 It includes the pass-through  
3 expenses associated with the  
4 execution of the education.  
5 BY MS. AMINOLROAYA:  
6 Q. And were hundreds of  
7 thousands of dollars paid in grant, or  
8 other forms, to the American Academy of  
9 Pain Medicine for pain education by Endo?  
10 A. Yes. I stated that.  
11 MR. DAVIS: Objection to  
12 form.  
13 BY MS. AMINOLROAYA:  
14 Q. So we'll add that to our  
15 chart here, hundreds of thousands of  
16 dollars.  
17 MS. AMINOLROAYA: We'll add  
18 an exhibit number to this, this is  
19 Exhibit-44.  
20 - - -  
21 (Whereupon, Endo-Kitlinski  
22 Exhibit-44, No Bates,  
23 Demonstrative, was marked for  
24 identification.)

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1 - - -  
2 (Whereupon, Endo-Kitlinski  
3 Exhibit-21, No Bates,  
4 Demonstrative, was marked for  
5 identification.)  
6 - - -  
7 BY MS. AMINOLROAYA:  
8 Q. While we're on the Senate  
9 Finance Committee document, we'll take a  
10 look at one other group that we've spent  
11 a bit of time talking about today, for  
12 good measure, the Joint Commission on  
13 Accreditation. It's on Page 32 of the  
14 document.  
15 I'm running out of space,  
16 but we'll add it here at the top, JCAHO  
17 for short.  
18 You would agree that tens of  
19 thousands of dollars were paid to the  
20 Joint Commission for Pain Education from  
21 2000 to 2001?  
22 A. \$75,000 was paid to the  
23 joint commission.  
24 Q. Tens of thousands of

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1 dollars?  
2 A. Correct.  
3 MS. AMINOLROAYA: Can we  
4 take a break?  
5 VIDEO TECHNICIAN: Going off  
6 the record. The time is 5:13 p.m.  
7 - - -  
8 (Whereupon, a brief recess  
9 was taken.)  
10 - - -  
11 VIDEO TECHNICIAN: We're  
12 back on the record at 5:39 p.m.  
13 BY MS. AMINOLROAYA:  
14 Q. Ms. Kitlinski, turning your  
15 attention back to Exhibit-33.  
16 A. Thank you.  
17 Q. Endo also provided payments  
18 to certain doctors in the field of pain  
19 management; is that correct?  
20 A. Are you talking about on  
21 Page 21?  
22 Q. 21 of the document, yes.  
23 A. Yes.  
24 Q. And these weren't just any

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1 doctors in the field of pain management,  
2 these were very well-respected doctors,  
3 correct?  
4 A. The therapeutic experts.  
5 They were honoraria payments, yes.  
6 Q. And between 1999 and 2002,  
7 did Endo make payments to Russell  
8 Portenoy totaling \$73,855?  
9 A. That is the total that is  
10 shown here on the finance committee  
11 document.  
12 Q. And these were -- many of  
13 these payments were for pain education,  
14 correct?  
15 A. That's correct.  
16 Q. So you would agree that  
17 these were payments totaling thousands of  
18 dollars?  
19 A. The total, yes. This total  
20 here is -- I mean, I don't have a  
21 calculator, but I presume that's  
22 accurate.  
23 Q. You can see the total,  
24 right, 73,000 --

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1 A. Yes, that's what I just  
2 said. I didn't total up this column.  
3 And also, again, I just want  
4 to be clear on this. Because of how  
5 the -- what do I call it -- the  
6 accounting system codes things based on  
7 what department the payment was made  
8 from, right; so, for example, where it  
9 says pain education for Russell Portenoy  
10 or Scott Fishman, or any of these  
11 individuals, you cannot make educational  
12 grants to individuals. You can't do  
13 that.  
14 So this is an indication of  
15 the fact that these were -- you know, the  
16 payment was coming through our department  
17 for their educational involvement and  
18 services.  
19 So I just want to be clear  
20 that this is not, you know, a payment of  
21 an educational grant, as opposed to,  
22 let's say, honoraria for participation in  
23 activities.  
24 Q. The description here on the

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1 page under purpose of payment is pain  
2 education, correct?  
3 A. I understand that.  
4 Q. Okay. Thank you.  
5 A. I'm just explaining --  
6 Q. And is the total --  
7 A. -- what it -- what the  
8 internal nomenclature is that this came  
9 from.  
10 Q. And the total to Russell  
11 Portenoy was \$73,000 between 1999 and  
12 2002, correct?  
13 A. Yes. Yes.  
14 Q. Okay. And for Dr. Fishman,  
15 he's the author of Responsible Opioid  
16 Prescribing, right?  
17 A. Yes.  
18 Q. And Endo made payments to  
19 him between 2002 and 2004 for pain  
20 education?  
21 A. Correct.  
22 Q. Also thousands of dollars  
23 paid to Dr. Fishman?  
24 A. \$8,000, yes.

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1 Q. And going down to Dr. Fine,  
2 between 2002 and 2007, did Endo make  
3 payments of thousands of dollars to Dr.  
4 Fine?  
5 A. The total here is -- on the  
6 document is \$36,881, yes.  
7 Q. And Dr. Fine, Dr. Portenoy,  
8 Dr. Fishman and Dr. Argoff all received  
9 payments for pain education, correct?  
10 MR. DAVIS: Objection to  
11 form.  
12 THE WITNESS: Are we missing  
13 a page here? I don't see -- I  
14 don't see Dr. Argoff's name.  
15 BY MS. AMINOLROAYA:  
16 Q. We saw Dr. -- disregard Dr.  
17 Argoff's inclusion in that.  
18 So Dr. Fine, Dr. Portenoy  
19 and Dr. Fishman received thousands of  
20 dollars of payments for pain education  
21 from Endo, correct?  
22 MR. DAVIS: Objection to  
23 form.  
24 THE WITNESS: Again, I

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1 clarified what those were for.  
2 But that's -- they're not  
3 educational grants. They are  
4 payments related to participation  
5 in projects that the CD&E  
6 department carried out.  
7 BY MS. AMINOLROAYA:  
8 Q. Okay. Thank you.  
9 At a certain point in time,  
10 FDA required opioid manufacturers to  
11 provide REMS education; is that correct?  
12 A. Yes.  
13 Q. And we discussed --  
14 A. Opioid -- ERLA opioid  
15 manufacturers.  
16 Q. Thank you for that  
17 clarification.  
18 Required manufacturers of --  
19 opioid manufacturers who manufactured and  
20 sold extended-release long-acting opioids  
21 to provide REMS education; is that right?  
22 A. Yes, that's correct.  
23 And recently that's been  
24 expanded to include all opioids.

<p style="text-align: right;">Page 366</p> <p>1 MS. AMINOLROAYA: Can I have  2 715, please?  3 I'm handing you ENDO-CHI_LIT  4 00241435. This is an e-mail  5 from -- and this is E715.  6 - - -  7 (Whereupon, Endo-Kitlinski  8 Exhibit-45,  9 ENDO-CHI_LIT-00241435-436, with  10 attachment, was marked for  11 identification.)  12 - - -  13 BY MS. AMINOLROAYA:  14 Q. This is an e-mail from you  15 to Nancy Santilli, Tara Chapman and Marc  16 Collins, dated December 14th, 2011  17 regarding -- subject: V8 - minor tweaks  18 awakening to REMS RD lunch-and-learn  19 November 15, 2011 draft slides.  20 Is that correct?  21 A. Yes, that's the subject line  22 here.  23 Q. And you write to Nancy, who  24 is your supervisor at the time, These are</p>	<p style="text-align: right;">Page 368</p> <p>1 THE WITNESS: Yes, Opana ER  2 had a RiskMAP.  3 BY MS. AMINOLROAYA:  4 Q. And what is a RiskMAP?  5 A. A RiskMAP is a -- prior to  6 the introduction of REMS, RiskMAP was a  7 document that the company produced to  8 voluntarily demonstrate our commitment to  9 assuring that the, at that time, if we  10 were talking about Opana, that the Opana  11 ER medications were used appropriately  12 and that the risks associated, that can  13 be associated with all opioids, were  14 mitigated to the extent that they can be  15 for controlled substance.  16 So my responsibilities for  17 the RiskMAP, which was -- it was a broad  18 program, it was not just education. But  19 my responsibilities were the educational  20 aspects of it.  21 Q. Thank you.  22 And was the education that  23 was provided for the RiskMAP balanced  24 opioid education?</p>
<p style="text-align: right;">Page 367</p> <p>1 looking really good. I made minor tweaks  2 to slides -- and you specify which  3 ones -- primarily to emphasize the  4 death/addiction/OD aspect versus  5 misuse/abuse, since that's what FDA is  6 focusing on.  7 Is that correct?  8 A. Yes.  9 Q. All right. Let's turn to  10 Page 19 of the document.  11 And this slide is entitled,  12 REMS Education Versus, in quotes,  13 Balanced Opioid Education (RiskMAP).  14 Did the company provide --  15 did Endo provide education pursuant to  16 its RiskMAP responsibilities?  17 A. Yes.  18 MR. DAVIS: Objection to  19 form.  20 BY MS. AMINOLROAYA:  21 Q. And did Opana ER have a  22 RiskMAP?  23 MR. DAVIS: Objection to  24 form.</p>	<p style="text-align: right;">Page 369</p> <p>1 A. Absolutely. All of the  2 education that we ever, ever did,  3 regardless of whether it was even  4 promotional education, needs to be  5 balanced and, you know, appropriate to  6 the -- if it's CME, it has to be balanced  7 and follow the ACCME guidelines; if it's  8 promotional education, it has to be  9 balanced from the perspective of DDMAC.  10 Q. Okay.  11 MS. AMINOLROAYA: Would the  12 trial tech be able to highlight  13 the term "balanced" here on the  14 document? Just the term  15 "balance." Thank you.  16 BY MS. AMINOLROAYA:  17 Q. And balanced opioid  18 education, underneath it, it says,  19 Addresses both aspects of public health  20 issue, responsible risk mitigation and  21 appropriate DX and TX of chronic pain.  22 Did I read that correctly?  23 A. Yes. Appropriate diagnosis  24 and treatment of chronic pain.</p>

<p style="text-align: right;">Page 370</p> <p>1 Q. Thank you. 2 And just to -- just to 3 orient us, you've sent this document to a 4 Ms. Santilli in November of 2011, 5 correct? 6 And is that before a final 7 REMS was implemented by FDA? 8 A. Yes. That occurred in 2012. 9 But at this stage of the 10 game, we knew what the FDA had indicated 11 needed to be in the REMS. And this was 12 our internal education to make sure that 13 folks were aware of what the REMS was 14 going to be. 15 Q. And the next bullet reads: 16 Discusses topics not covered by REMS. 17 And the first two bullets 18 there are, Evidence-based guidelines and 19 role of opioids in chronic pain. 20 Did I read that correctly? 21 A. Yes. 22 Q. And who are the IWG 23 companies, branded companies? 24 A. The IWG was the Industry</p>	<p style="text-align: right;">Page 372</p> <p>1 Mallinckrodt. 2 Do you understand that? 3 A. Yes. 4 Q. And on the left side of the 5 document, it states, REMS education. And 6 the second bullet here states, Focus will 7 be on reducing risks of death, 8 unintentional OD, addiction, abuse and 9 serious AEs. 10 Did I read that correctly? 11 A. Yes. 12 Q. And OD -- 13 A. Overdose. 14 Q. Overdose. 15 And "serious AEs" refers to 16 adverse events, correct? 17 A. Yes. 18 Q. So the REMS education is not 19 focused on these other topics that are 20 mentioned here on Page 19, correct? 21 MR. DAVIS: Objection to 22 form. 23 THE WITNESS: The REMS 24 education is focused, by the FDA,</p>
<p style="text-align: right;">Page 371</p> <p>1 Working Group, the name of the -- that 2 preceded the RPC. So that was the -- all 3 of the ERLA opioid manufacturers. 4 Q. And do you know who those -- 5 can you identify those companies for the 6 jury? 7 A. They evolved over the years. 8 There were -- I believe when REMS was 9 first -- the letters first went out, 10 there were 36-plus companies. By the 11 time the REMS was approved, I believe 12 there were 25. 13 And they are listed on the 14 FDA website and on the ERLA opioid REMS 15 website. 16 But I don't know off the top 17 of my head who they all are. 18 Q. And according to this 19 presentation, all IWG branded companies 20 plus Covidien plan to continue balanced 21 education. 22 Did I read that correctly? 23 A. Yes. 24 Q. And Covidien is</p>	<p style="text-align: right;">Page 373</p> <p>1 on the -- solely on those elements 2 that they included as part of the 3 FDA blueprint. 4 BY MS. AMINOLROAYA: 5 Q. So the IWG branded 6 companies, would that include Endo? 7 A. Yes. 8 Q. And so Endo was planning to 9 continue to sponsor education that was 10 different from what FDA had asked be 11 covered under the REMS, correct? 12 MR. DAVIS: Objection to 13 form. 14 THE WITNESS: What -- what 15 Endo, and I'll speak just for 16 Endo, intended was to supplement 17 the REMS education by doing 18 additional education, balanced 19 education, if you will. 20 Some of the concerns we had 21 expressed by -- in the stakeholder 22 meetings from clinicians and 23 professional organizations was 24 that by focusing just on the</p>

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1 opioid REMS, it made it seem as if  
 2 opioids was the be all and end all  
 3 and the only type of medication  
 4 that should be considered for the  
 5 management of this pain.  
 6 And so that's why, over the  
 7 course of the years, through the  
 8 input, the FDA obtained in the  
 9 docket and from the public  
 10 hearings, they now have required  
 11 that REMS education not only  
 12 focuses on the opioid -- opioids  
 13 but it is more balanced and it  
 14 talks about the assessment of pain  
 15 and the use of nonpharmacologic  
 16 therapy and the use of other  
 17 agents.  
 18 So that's -- that's what the  
 19 distinction was there.  
 20 BY MS. AMINOLROAYA:  
 21 Q. And the document here states  
 22 that the IWG companies plan to continue  
 23 balanced education.  
 24 Is that the type of

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1 education that was provided under the  
 2 RiskMAP?  
 3 MR. DAVIS: Objection to  
 4 form.  
 5 THE WITNESS: I don't know  
 6 if the other companies were  
 7 planning to continue --  
 8 BY MS. AMINOLROAYA:  
 9 Q. Strike my question.  
 10 A. Okay.  
 11 Q. The branded companies, Endo  
 12 was one of those.  
 13 Did Endo plan to continue to  
 14 provide balanced education?  
 15 A. In addition to what --  
 16 Q. Yes or no, please.  
 17 A. Yes.  
 18 Q. Yes.  
 19 And did -- was balanced  
 20 education what was provided in the  
 21 RiskMAP?  
 22 A. Yes.  
 23 MR. DAVIS: Objection to  
 24 form.

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1 BY MS. AMINOLROAYA:  
 2 Q. And that -- part of the  
 3 RiskMAP were NIPC dinner dialogues?  
 4 A. There were pages of  
 5 educational initiatives. But, yes, NIPC  
 6 was part of the RiskMAP.  
 7 Q. So threats of being sued for  
 8 not aggressively treating pain, that was  
 9 a part of balanced opioid education?  
 10 MR. DAVIS: Objection to  
 11 form.  
 12 THE WITNESS: Again, you're  
 13 isolating one comment by one  
 14 speaker in one program. That  
 15 was -- we don't even know if that  
 16 was part of the curriculum. We  
 17 would have to look at the  
 18 curriculum or listen to -- see the  
 19 slides and know, was that a  
 20 comment that the speaker made in  
 21 their own opinion, or was it  
 22 actually part of the curriculum?  
 23 BY MS. AMINOLROAYA:  
 24 Q. And we saw that threat

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1 again, right, in the FSMBs, responsible  
 2 opioid prescribing, that Endo paid for,  
 3 correct?  
 4 MR. DAVIS: Objection to  
 5 form.  
 6 THE WITNESS: We saw the  
 7 threat of what?  
 8 BY MS. AMINOLROAYA:  
 9 Q. The threat of being sued for  
 10 not aggressively treating pain.  
 11 MR. DAVIS: Objection to  
 12 form.  
 13 THE WITNESS: We saw -- we  
 14 saw the FSMB state what cases were  
 15 being tried at the time and what  
 16 the results of those outcomes  
 17 were.  
 18 BY MS. AMINOLROAYA:  
 19 Q. And we also saw, in the NIPC  
 20 newsletter, pseudoaddiction was being  
 21 advocated as a key term in the treatment  
 22 of pain with opioid analgesics, correct?  
 23 MR. DAVIS: Objection to  
 24 form.

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1 THE WITNESS: We saw that  
2 addiction, first and foremost, and  
3 overdose and then pseudoaddiction,  
4 dependence and tolerance, all of  
5 those terminologies are important  
6 for people to be able to  
7 distinguish in order to determine  
8 whether, as a clinician, the  
9 patient sitting in front of you is  
10 an appropriate candidate to even  
11 be considered for opioid therapy.  
12 BY MS. AMINOLROAYA:  
13 Q. All right. And so this is  
14 what Endo considers balanced education,  
15 right?  
16 MR. DAVIS: Objection to  
17 form.  
18 MS. AMINOLROAYA: Can I have  
19 E1321, please?  
20 BY MS. AMINOLROAYA:  
21 Q. Ms. Kitlinski, you were a  
22 member of the REMS program companies  
23 continuing education subteam, correct?  
24 A. Yes.

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1 Q. I'm handing you a very large  
2 document, but we're only going to look at  
3 one page.  
4 MS. AMINOLROAYA: This is  
5 E1321. It's  
6 ENDO-OPIOID\_MDL\_DEPONENT-000015990.  
7 It's Exhibit-46.  
8 - - -  
9 (Whereupon, Endo-Kitlinski  
10 Exhibit-46,  
11 ENDO-OPIOID\_MDL\_DEPONENT-000015904  
12 -16398, was marked for  
13 identification.)  
14 - - -  
15 BY MS. AMINOLROAYA:  
16 Q. And we obtained this  
17 document as part of some documents that  
18 you provided.  
19 And you received this  
20 document in your capacity as a member of  
21 the subteam, correct?  
22 A. What is the date?  
23 Q. It's January 6th, 2016.  
24 A. I received this document --

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1 if it was in January of 2016, I would  
2 have received this document as a  
3 consultant to the RPC, because I -- as I  
4 said, I was a member of the subteam until  
5 my employment at Endo ended. And that  
6 was in the middle of January '14.  
7 Q. And was -- Endo was one of  
8 the REMS program companies, correct?  
9 A. Correct.  
10 Q. So Endo supported the REMS  
11 education --  
12 A. Yes.  
13 MR. DAVIS: Objection to  
14 form.  
15 BY MS. AMINOLROAYA:  
16 Q. -- at the time?  
17 And this is an audit report.  
18 The top here says, Dear RPC CE subteam,  
19 in this audit report summary, you are  
20 receiving information descriptive of  
21 three audits. The audit results of the  
22 three activities are attached.  
23 It describes the activities  
24 that are reviewed, and then it goes on to

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1 describe three different REMS programs;  
2 is that correct?  
3 MR. DAVIS: Objection to  
4 form.  
5 THE WITNESS: Yes. And,  
6 again, just to clarify the  
7 terminology.  
8 So a program is a collection  
9 of educational activities as  
10 opposed to a single one-time, you  
11 know, offering, if you will.  
12 BY MS. AMINOLROAYA:  
13 Q. Okay. Turn to Page -- it  
14 looks like we lost our E numbers on this  
15 page, because it's a darker document. It  
16 ends in 16042.  
17 MR. DAVIS: 042?  
18 MS. AMINOLROAYA: Yes.  
19 - - -  
20 (Whereupon, a discussion off  
21 the record occurred.)  
22 - - -  
23 BY MS. AMINOLROAYA:  
24 Q. And if we look at 16042, the

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1 title of this is, Opioid REMS Resource  
 2 Tools for Assessing Patients and  
 3 Initiating ERLA Opioids, co-provided by a  
 4 few organizations there.  
 5 And on the next page ending  
 6 in 16043, it identifies the course  
 7 director as Dr. Perry Fine. Faculty as  
 8 Dr. Argoff, who we know from the NIPC  
 9 dinners and the NIPC faculty and the  
 10 e-mails that we looked at earlier. And  
 11 Dr. Ashburn.  
 12 And it states, This  
 13 educational activity is supported by an  
 14 independent educational grant from the  
 15 ERLA opioid analgesics REMS program  
 16 companies.  
 17 And would that include Endo?  
 18 A. Yes.  
 19 MR. DAVIS: Objection to  
 20 form.  
 21 BY MS. AMINOLROAYA:  
 22 Q. And if we look at -- I found  
 23 the E numbers again, E1321.265, and  
 24 that's ending in 16168 is the Bates.

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1 And we see the second bullet  
 2 there --  
 3 A. Excuse me just one moment,  
 4 please, until I get there.  
 5 Thank you.  
 6 Q. The second bullet there is  
 7 pseudoaddiction, correct?  
 8 A. Correct. After addiction,  
 9 out-of-control compulsive drug use.  
 10 Q. Right. And this is being  
 11 sent to you in a letter in 2016.  
 12 Endo is supporting education  
 13 that continues to tout the subject of  
 14 pseudoaddiction, right?  
 15 MR. DAVIS: Objection to  
 16 form.  
 17 THE WITNESS: As we've  
 18 already discussed, the concept of  
 19 pseudoaddiction is still a valid  
 20 concept.  
 21 What was not valid was  
 22 the -- you know, what Dr. -- I'm  
 23 trying to think of which of the  
 24 documents we looked at there was

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1 talking about the fact that that  
 2 was -- you could continue to push  
 3 the dose up and that was -- that  
 4 was the -- whereas what was  
 5 correct was the fact that you  
 6 could determine -- you could  
 7 differentiate between addiction  
 8 and pseudoaddictions by  
 9 determining if a bump up of the  
 10 opioid dose mitigated the risk or  
 11 continued to require the patient  
 12 to seek or have aberrant  
 13 drug-related behaviors to obtain  
 14 the medications.  
 15 BY MS. AMINOLROAYA:  
 16 Q. Ms. Kitlinski, yes or no,  
 17 this 2016 REMS education program  
 18 supported by Endo lists pseudoaddiction  
 19 in the presentation, correct?  
 20 MR. DAVIS: Objection to  
 21 form.  
 22 THE WITNESS: It is one  
 23 bullet point on this slide out of  
 24 hundreds of pages, yes. And it's

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1 a valid point.  
 2 MS. AMINOLROAYA: My  
 3 colleague, Mr. Buchanan, has some  
 4 questions for you.  
 5 VIDEO TECHNICIAN: Going off  
 6 the record. The time is 6:01 p.m.  
 7 - - -  
 8 (Whereupon, a discussion off  
 9 the record occurred.)  
 10 - - -  
 11 VIDEO TECHNICIAN: We're  
 12 back on the record at 6:02 p.m.  
 13 - - -  
 14 EXAMINATION  
 15 - - -  
 16 BY MR. BUCHANAN:  
 17 Q. Ms. Kitlinski, I know it's  
 18 been a long day. I hope you can bear  
 19 with me. I have about 30 minutes' worth  
 20 of questions, at most.  
 21 My name is Dave Buchanan, I  
 22 represent other plaintiffs. And I want  
 23 to go over a few areas and ask you a few  
 24 different points, okay?

<p style="text-align: right;">Page 386</p> <p>1 You spent a lot of time, I  2 think, talking about medical education --  3 A. Yes.  4 Q. -- with my colleague. And I  5 just want to understand that.  6 So when you talk about  7 medical education, there were discussions  8 about dinners, there were discussions  9 about presentations at conferences.  10 There's been discussions about  11 development of slide decks, talks, all  12 that kind of work.  13 Does that all fall under the  14 umbrella of education?  15 MR. DAVIS: Objection to  16 form.  17 THE WITNESS: It falls under  18 the broad area of education, yes.  19 And we did talk about different  20 types of education. We talked  21 about independent medical  22 education, such as accredited CE,  23 and those activities by a third  24 party, and then we also talked</p>	<p style="text-align: right;">Page 388</p> <p>1 industry or in your field, fair?  2 A. Well, it's actually a  3 regulatory term that FDA has as their  4 indicia for what constitutes independent  5 education. Again, OIG, PhRMA and ACCME  6 utilize that term.  7 To your other question about  8 promotional and education. Education,  9 let's say, for an example, the marketing  10 department of a company creates a  11 brochure or something, a resource, and  12 wants to utilize that in interactions  13 with the -- with their customers, that is  14 considered promotional, because they  15 would have to take that to the  16 medical/legal review board.  17 Anything that would fall  18 under that purview would be considered  19 promotional. It could also be  20 educational -- I mean, promotional  21 material can be educational, can have  22 educational merit.  23 Q. But in terms of independent  24 medical education --</p>
<p style="text-align: right;">Page 387</p> <p>1 about education such as  2 therapeutic area education,  3 education for the patients and  4 families, et cetera.  5 But it's all education.  6 BY MR. BUCHANAN:  7 Q. And just so I understand the  8 base principles, I mean, education as  9 compared to promotion.  10 Education is not supposed to  11 be promotional in nature, fair?  12 MR. DAVIS: Objection to  13 form.  14 THE WITNESS: Again, the FDA  15 has very clear regulatory criteria  16 about what constitutes promotion,  17 and it does not include the  18 independent medical education.  19 That's clearly determined by FDA,  20 by ACCME, by OIG and by PhRMA.  21 BY MR. BUCHANAN:  22 Q. So the word you put in there  23 was "independent medical education."  24 That's a term in your</p>	<p style="text-align: right;">Page 389</p> <p>1 A. That's correct.  2 Q. -- that's a different --  3 A. Yes.  4 Q. That's not promotion?  5 A. Correct.  6 Q. So what the marketing  7 department is doing and what's happening  8 in the marketing group is not supposed to  9 be independent medical education,  10 correct?  11 A. Exactly.  12 Q. So one of the words that you  13 kind of put back to me was independent  14 medical education, drawing that  15 distinction between the two.  16 The FDA has some guidances  17 on what takes it to promotional activity  18 versus what takes it to independent  19 medical education, fair?  20 A. Yes. Yes.  21 Q. And, really, it's on a  22 spectrum of the sponsor, the funding  23 parties involved, industry participants'  24 involvement, true?</p>

<p style="text-align: right;">Page 390</p> <p>1 MR. DAVIS: Objection to 2 form. 3 THE WITNESS: Independent 4 medical education, in this -- in 5 this decade, okay -- early on in 6 the 1990s and early 2000s, things 7 were evolving. 8 But independent medical 9 education has a distinct, you 10 know, ACCME -- even if it's not 11 accredited for an activity, to be 12 independent you would have to 13 follow the same criteria that the 14 ACCME requires for accredited 15 education and for -- OIG and PhRMA 16 regard it that way, too. 17 BY MR. BUCHANAN: 18 Q. So we went through some 19 documents today, and there were some 20 programs that were highlighted. I just 21 made some notes as we were going through 22 them. Maybe they caught your eye, too. 23 We saw that there was 24 independent -- there was medical</p>	<p style="text-align: right;">Page 392</p> <p>1 all -- they were all doctors. 2 Some were pharmacists but, 3 nonetheless, yes. 4 BY MR. BUCHANAN: 5 Q. I think we looked at a 6 document, or you looked at a document 7 with counsel, and more than 1,000 8 documents had been through the residency 9 program that Endo funded, right? 10 MR. DAVIS: Objection to 11 form. 12 THE WITNESS: Correct. 13 BY MR. BUCHANAN: 14 Q. There were programs directed 15 to pharmacists, right? 16 MR. DAVIS: Objection to 17 form. 18 THE WITNESS: Yes. 19 BY MR. BUCHANAN: 20 Q. That fell in your medical 21 education umbrella, right? 22 MR. DAVIS: Same objection. 23 THE WITNESS: Yes. 24 BY MR. BUCHANAN:</p>
<p style="text-align: right;">Page 391</p> <p>1 education directed to doctors, you saw 2 that? 3 A. Clinicians, yes. 4 Q. And clinicians of multiple 5 flavors; family practitioners, PCPs or 6 primary care physicians, pain 7 specialists, a broad gamut of physicians, 8 fair? 9 MR. DAVIS: Objection to 10 form. 11 THE WITNESS: Yes. 12 BY MR. BUCHANAN: 13 Q. We saw, as a category of 14 people that you were targeting education 15 to, residents, right? 16 MR. DAVIS: Objection to 17 form. 18 BY MR. BUCHANAN: 19 Q. Doctors-in-training? 20 MR. DAVIS: Objection to 21 form. 22 THE WITNESS: Residents, 23 clinicians-in-training, yes, 24 because -- because they were</p>	<p style="text-align: right;">Page 393</p> <p>1 Q. Nurses -- 2 MR. DAVIS: Same objection. 3 THE WITNESS: Yes. 4 BY MR. BUCHANAN: 5 Q. -- fair? 6 So, really, over the period 7 of time that you had a role and 8 involvement with independent medical 9 education, you were touching, really, all 10 aspects of caregivers that could be 11 touching patients who may be exposed to 12 opioids or dealing with pain, fair? 13 MR. DAVIS: Objection to 14 form. 15 THE WITNESS: Your question, 16 are you asking about me 17 personally, or are you asking 18 about our education? 19 BY MR. BUCHANAN: 20 Q. The programs that Endo 21 funded and supported. 22 A. Yeah. And, again, because 23 pain is ubiquitous and virtually every 24 healthcare professional manages patients</p>

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1 with some type of pain, the intent was  
2 that all folks who see patients with pain  
3 could benefit from understanding the  
4 risks and the -- how to balance those  
5 risks.  
6 Q. Would it be fair, at least  
7 within your group, I mean -- and we don't  
8 have to fuss, really, about what the  
9 messages are for the moment.  
10 But, I mean, one of your  
11 goals, through the education program, was  
12 to expose doctors, nurses,  
13 doctors-in-training, pharmacists, givers  
14 to, we'll call it education, about  
15 diagnosing, treating and prescribing for  
16 pain, fair?  
17 MR. DAVIS: Objection to  
18 form.  
19 THE WITNESS: Diagnosing,  
20 doing a thorough assessment. What  
21 the treatment options are that are  
22 available. Looking at the patient  
23 and, basically, making a tailored  
24 decision for that patient.

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1 In terms of prescribing,  
2 that was not part of education.  
3 The difference being that that's a  
4 decision between a clinician and  
5 the patient that results in  
6 generation of a prescription or  
7 not, or a prescription, perhaps,  
8 for physical therapy or injections  
9 or whatever.  
10 BY MR. BUCHANAN:  
11 Q. I mean, would it be  
12 surprising to you, as somebody who was  
13 involved in education for the number of  
14 years that you were at Endo, that doctors  
15 of all backgrounds, of all specialties,  
16 in training or in practice for a long  
17 time, had exposure to the company's  
18 supported education programs over the  
19 years?  
20 MR. DAVIS: Objection to  
21 form.  
22 THE WITNESS: I'm sorry,  
23 your question, would it surprise  
24 me that they had exposure to it?

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1 BY MR. BUCHANAN:  
2 Q. Yes.  
3 A. That was the intent of  
4 independent education and working with  
5 the national professional organizations,  
6 to assure that good education was made  
7 available.  
8 Q. And we -- my co-counsel went  
9 through a list and identified a number of  
10 the organizations that Endo provided  
11 grants to for education --  
12 A. Yes.  
13 Q. -- over the years.  
14 And each of these had their  
15 own programs, had their own target  
16 audiences, maybe overlapping audiences,  
17 from time to time, but were running  
18 programs for the years in which you were  
19 involved in education, fair?  
20 MR. DAVIS: Objection to  
21 form.  
22 THE WITNESS: That's  
23 correct.  
24 BY MR. BUCHANAN:

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1 Q. And we know that some of  
2 them stopped existing at a point in time.  
3 But until they stopped to  
4 exist, as far as you knew, they were  
5 running programs for sponsors like  
6 yourself, like Endo, relating to pain and  
7 diagnosis of pain, treating of pain,  
8 fair?  
9 MR. DAVIS: Objection to  
10 form.  
11 THE WITNESS: And, again,  
12 not to parse words, but the term  
13 "sponsor," especially in this --  
14 in the independent education  
15 community, that's the CE provider.  
16 So we were the supporters.  
17 And, again, I don't want to  
18 miss -- parse words. I just want  
19 to be accurate for the record.  
20 BY MR. BUCHANAN:  
21 Q. And I don't want there to be  
22 a lot of sensitivity around that, for  
23 purposes of our discussion, whether  
24 it's -- I think somebody else will have

<p style="text-align: right;">Page 398</p> <p>1 an opportunity to decide whether it's 2 independent or not, in light of 3 everything that was happening. 4 So I just want to 5 understand, there were many 6 organizations, many of which Endo 7 supported, that were running training, 8 continuing education, diagnostic tools, 9 case studies, et cetera, to try and 10 educate the medical community during the 11 period of time you were in charge of 12 education at Endo, fair? 13 MR. DAVIS: Objection to 14 form. 15 THE WITNESS: Yes. And, 16 again, this -- many of these 17 occurred within the context of 18 their own ongoing educational 19 efforts. 20 So, you know, the fact that 21 it did occur during that period of 22 time doesn't mean that it didn't 23 occur before or after or if they 24 hadn't received support from Endo.</p>	<p style="text-align: right;">Page 400</p> <p>1 opioids, et cetera, and all of the 2 audiences that we were discussing 3 at the time, and had multiple 4 modalities, online, you know, live 5 activities, audio conferences and 6 pain newsletters. 7 So, yes, it's not surprising 8 that that was one of the 9 activities that received a larger 10 share of grants than others. 11 BY MR. BUCHANAN: 12 Q. I think the math, somewhere 13 on the table here, was around \$30 million 14 to NIPC over the years that Endo was 15 funding it. 16 I mean, do you have a basis 17 to dispute that number, sitting here 18 today? 19 MR. DAVIS: Objection to 20 form. 21 THE WITNESS: Could I see 22 the Senate Finance Committee 23 report again? 24 MR. DAVIS: Yes. It's 33.</p>
<p style="text-align: right;">Page 399</p> <p>1 BY MR. BUCHANAN: 2 Q. There was some discussion 3 with Ms. Aminolroaya about payments that 4 went to different entities over the 5 years. 6 I take it you're not fussing 7 that, you know, a lot of money was given 8 to NIPC? 9 MR. DAVIS: Objection to 10 form. 11 BY MR. BUCHANAN: 12 Q. I mean, you don't have 13 precision, sitting here, on whether it 14 was \$9 million or \$6 million or \$5 15 million or what the amount was, or \$30 16 million, but a lot of money was given to 17 the NIPC in support of your programs, 18 fair? 19 MR. DAVIS: Objection to 20 form. 21 THE WITNESS: The NIPC was 22 one of our most broad pain 23 initiatives in that it encompassed 24 chronic pain, neuropathic pain,</p>	<p style="text-align: right;">Page 401</p> <p>1 BY MR. BUCHANAN: 2 Q. And I was referring to the 3 summary exhibit. 4 Do you recall that one that 5 had the payments just to NIPC? I think 6 it's 19. 7 MR. BUCHANAN: 19. Do you 8 have that one, counsel? Just to 9 keep us on course. 10 MR. DAVIS: I'm -- 11 MR. BUCHANAN: It's a small 12 point in the context of what I'd 13 like to do in my 30 minutes. 14 THE WITNESS: Sure. 15 MR. DAVIS: You said it was 16 19? 17 MR. BUCHANAN: That's what 18 the team tells me. 19 MR. DAVIS: All right. 20 Let's see. 21 THE WITNESS: If that's the 22 more appropriate one, then -- 23 MR. DAVIS: You can take a 24 look at that.</p>

<p style="text-align: right;">Page 402</p> <p>1 BY MR. BUCHANAN:</p> <p>2 Q. And if you recall, this</p> <p>3 number was derived from the information</p> <p>4 provided to us by one of the parties who</p> <p>5 received the funding from Endo.</p> <p>6 MR. DAVIS: Objection to</p> <p>7 form.</p> <p>8 BY MR. BUCHANAN:</p> <p>9 Q. I just -- my question to</p> <p>10 you, ma'am, and other people can probably</p> <p>11 pin it down to the penny, but sitting</p> <p>12 here today, do you have a reason to</p> <p>13 dispute that Endo spent 30-plus million</p> <p>14 dollars in programs in which NIPC was</p> <p>15 affiliated?</p> <p>16 MR. DAVIS: Objection to the</p> <p>17 form.</p> <p>18 THE WITNESS: Again, I'm not</p> <p>19 trying to be difficult, but I do</p> <p>20 think that -- first of all, if it</p> <p>21 was listed on here, I could see</p> <p>22 that. But it's not.</p> <p>23 There was another</p> <p>24 document --</p>	<p style="text-align: right;">Page 404</p> <p>1 so we can look at that?</p> <p>2 MR. DAVIS: What was the</p> <p>3 number?</p> <p>4 MR. BUCHANAN: I'm sorry,</p> <p>5 the one you just turned over. 19.</p> <p>6 BY MR. BUCHANAN:</p> <p>7 Q. There was a discussion about</p> <p>8 the dinner dialogues that NIPC was</p> <p>9 running.</p> <p>10 Do you recall that?</p> <p>11 A. I recall us talking about</p> <p>12 those, yes.</p> <p>13 Q. And in the line items from</p> <p>14 the NIPC, they were in the hundreds of</p> <p>15 thousands of dollars for Dinner Dialogue</p> <p>16 10, Dinner Dialogue 11.</p> <p>17 Do you recall seeing that on</p> <p>18 the sheet?</p> <p>19 A. Yes.</p> <p>20 Q. If I understood your</p> <p>21 testimony, you or representatives of your</p> <p>22 group would attend these CME or these</p> <p>23 presentations?</p> <p>24 MR. DAVIS: Object to form.</p>
<p style="text-align: right;">Page 403</p> <p>1 BY MR. BUCHANAN:</p> <p>2 Q. There was another document,</p> <p>3 and I don't think we have to go through</p> <p>4 that.</p> <p>5 I mean, if you have</p> <p>6 independent knowledge that disagrees with</p> <p>7 this, please share it with us.</p> <p>8 Do you have independent</p> <p>9 knowledge that disagrees with it?</p> <p>10 A. I've been gone from Endo</p> <p>11 since 2014. So I, unfortunately, don't</p> <p>12 have much recall of the details. I know</p> <p>13 the REMS inside and out, because I've</p> <p>14 been working on that. But,</p> <p>15 unfortunately, those I can't pull to</p> <p>16 mind.</p> <p>17 Q. Fair enough, ma'am.</p> <p>18 You talked about -- there</p> <p>19 was some discussion about NIPC dinner</p> <p>20 dialogues, and they coincided -- there</p> <p>21 were some that coincided with the launch</p> <p>22 of Opana.</p> <p>23 MR. BUCHANAN: Do you have</p> <p>24 that exhibit handy, counsel, just</p>	<p style="text-align: right;">Page 405</p> <p>1 THE WITNESS: On occasion</p> <p>2 what I indicated was that we would</p> <p>3 attend at least one of each series</p> <p>4 to make sure, from our due</p> <p>5 diligence standpoint, that the</p> <p>6 ACCME guidelines were being</p> <p>7 adhered to, that the learning</p> <p>8 objectives and what was put forth</p> <p>9 in the grant proposal was being</p> <p>10 adhered to.</p> <p>11 BY MR. BUCHANAN:</p> <p>12 Q. And as you explained to us</p> <p>13 as well, that if somebody objected, an</p> <p>14 audience member, a sponsor or a funder</p> <p>15 objected, there was a vehicle to raise a</p> <p>16 complaint about something a speaker said</p> <p>17 or a lack of fair balance or something</p> <p>18 about the content of the presentation,</p> <p>19 fair?</p> <p>20 A. Yes. And that had to be</p> <p>21 channeled through the accredited</p> <p>22 provider, who then had to channel that</p> <p>23 through the ACCME.</p> <p>24 Q. Can you recall, at any point</p>

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1 in time, ma'am, Endo or you ever raising  
2 such a challenge with regard to a program  
3 that Endo funded?  
4 MR. DAVIS: Objection to  
5 form.  
6 THE WITNESS: I can't recall  
7 anyone having brought to my  
8 attention that there were any  
9 issues like that.  
10 Again, if you look at the --  
11 another part of that document we  
12 were looking -- we were referring  
13 to from the other party that  
14 provided it was the evaluations  
15 from the programs.  
16 And an element of that is  
17 always, did you detect bias or,  
18 you know, commercial influence in  
19 it? And the ratings on that --  
20 the reason we continued to work  
21 with Postgraduate Professional --  
22 Professional Postgraduate Services  
23 was because they were regarded as  
24 very balanced, unbiased and

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1 noncommercial.  
2 BY MR. BUCHANAN:  
3 Q. It wasn't clear to me,  
4 ma'am.  
5 Are you saying that you  
6 would actually receive the reviews of the  
7 program?  
8 A. No. I'm saying that the --  
9 there's a Likert scale, let's say, of  
10 zero to five, zero -- for an example, the  
11 question would be, did you perceive  
12 commercial influence or bias in this  
13 program? Zero meaning none, five meaning  
14 it was a walking, you know, commercial or  
15 something.  
16 Q. And my question to you was,  
17 did the company, Endo, receive copies of  
18 those reports back from Professional  
19 Postgraduate Services?  
20 A. The CME providers maintained  
21 those records. And on a periodic basis,  
22 they were required, by ACCME, to report  
23 on the outcomes of those education, not  
24 only things like that, but how the

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1 learners met the learning objectives.  
2 So that was the context in  
3 which we would see a summary, the average  
4 rating for this series for these  
5 particular variables was 4.8.  
6 Q. And just because my time is  
7 a little brief --  
8 A. Sure.  
9 Q. You would receive copies of  
10 those from time to time?  
11 A. I would.  
12 MR. DAVIS: Objection to  
13 form.  
14 BY MR. BUCHANAN:  
15 Q. On some periodic basis?  
16 A. We would receive copies of  
17 the aggregate. So we would not receive  
18 the individual scores.  
19 Q. Professional Postgraduate  
20 Services would aggregate the information  
21 into some type of summary report, it was  
22 relatively brief, three, four pages, and  
23 they would provide it back to you at the  
24 same time they would provide it back to

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1 the CME accreditor?  
2 A. Correct.  
3 Q. Now, we saw some documents  
4 where --  
5 MR. BUCHANAN: Do you have  
6 Exhibit-39?  
7 BY MR. BUCHANAN:  
8 Q. There was some discussion  
9 about this residency training program.  
10 And this, to orient you, was around 2002.  
11 MR. BUCHANAN: Can you pull  
12 it up, please, Exhibit-39?  
13 BY MR. BUCHANAN:  
14 Q. This is an e-mail from  
15 yourself to Bradley -- is it Galer?  
16 A. Galer.  
17 Q. Was he somebody at Endo?  
18 A. He was the vice president of  
19 medical affairs.  
20 Q. And medical affairs, did  
21 that fall on the commercial operations  
22 side of the divide, so to speak?  
23 A. No. That falls on the R&D  
24 side of the business. That's the

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1 department -- sometimes we were called  
2 clinical affairs, over the course of the  
3 year, sometimes medical affairs.  
4 Q. Got you.  
5 And they would have  
6 relationships with the key opinion  
7 leaders in the field who -- they had  
8 separate relationships with the medical  
9 community, fair?  
10 MR. DAVIS: Objection to  
11 form.  
12 THE WITNESS: I'm sorry,  
13 could you restate the question?  
14 BY MR. BUCHANAN:  
15 Q. Withdrawn. It's a rabbit  
16 hole we don't need to go down.  
17 A. I just want to make sure I'm  
18 clear.  
19 Q. At this hour of the day, we  
20 don't need to go there.  
21 Looking back at this, I  
22 mean, if I understand what's happening  
23 here, and please let's walk through this  
24 a little bit, it looks like you're

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1 reporting to your colleague in clinical  
2 affairs or medical affairs, depending on  
3 the name at the time, this is 2002,  
4 concerning an agenda for this APS  
5 residency program, fair?  
6 A. Correct.  
7 Q. And this was going to be  
8 held in an annual meeting of the American  
9 Pain Society, right?  
10 A. Yes.  
11 Q. And as we read this  
12 together, Charles and I spoke this  
13 morning and reviewed the faculty topics  
14 you and I had discussed in Seattle.  
15 Did I read that correctly?  
16 A. Yes.  
17 Q. So what's happening here  
18 first is, I mean, you, Ms. Kitlinski,  
19 and Mr. Galer, I guess, had had a  
20 conversation together about the program,  
21 topics and faculty, right?  
22 MR. DAVIS: Objection to  
23 form.  
24 THE WITNESS: And just to --

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1 again, like you said, this was  
2 2002, to put it in perspective,  
3 the regulations. At that point in  
4 time, were that if the  
5 organization, the professional  
6 society or the CE provider,  
7 requested input from the medical  
8 R&D side of the business regarding  
9 broad issues such as topic  
10 appropriately -- clinicians who  
11 were appropriate experts on the  
12 subjects, they were able to  
13 provide that.  
14 And then the ultimate  
15 control rested with the  
16 third-party organization, or the  
17 provider.  
18 BY MR. BUCHANAN:  
19 Q. And my question really isn't  
20 one of whether it was in compliance or  
21 not in compliance. Other people can  
22 decide that.  
23 My question was just as a  
24 factual matter, if you could stay with me

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1 on that front.  
2 What you have here is you  
3 and Mr. Bradley had had a conversation  
4 about the faculty and the topics for this  
5 program that's reflected on Point 2 and  
6 Point 3, the next two pages, right?  
7 A. Yes.  
8 Q. And then you had a follow-up  
9 conversation with Charles.  
10 Charles is, I believe,  
11 copied on this?  
12 A. Charles is the program  
13 director, that's why he was copied on it.  
14 Q. Dr. Argoff, I think we saw  
15 him referred to as Charles, C, in various  
16 documents throughout the years?  
17 A. Exactly.  
18 Q. So what you're now doing is  
19 circling back to Mr. Galer, and you're  
20 going through, here is where Charles and  
21 I landed after our call, what do you  
22 think?  
23 And you're asking him for  
24 his input on, what do you think about

<p style="text-align: right;">Page 414</p> <p>1 Payne, Portenoy, Katz, Declan Walsh. 2 So you guys are selecting 3 the faculty? 4 MR. DAVIS: Objection to 5 form. 6 THE WITNESS: No. And just 7 so you know, Dr. Galer, prior to, 8 it was either 2002 or 2001, joined 9 Endo, he was one of the national 10 therapeutic experts in the pain 11 world, and, in particular, was 12 knowledgeable about these areas, 13 which is why his input, you know, 14 is always important. 15 Because he was a clinician. 16 And he, up until, you know, a year 17 or so before that, had been one of 18 the therapeutic experts and done 19 the research. 20 So that was -- that was why 21 Brad and I were having the 22 discussion. And we were not 23 selecting the faculty. We were -- 24 this is the outcome of the</p>	<p style="text-align: right;">Page 416</p> <p>1 held at APS. After that has happened, 2 you've now circled back with Mr. -- Dr., 3 excuse me, Argoff, gotten his input. 4 And now you're circling back 5 again and having further discussion with 6 your internal colleague about topics and 7 faculty; is that fair? 8 MR. DAVIS: Objection to 9 form. 10 THE WITNESS: What we're 11 asking is, how does this look to 12 you, as a recent therapeutic 13 expert, yes. 14 And also because the topic 15 of the clinical trials, again, 16 while Brad was very experienced in 17 that himself, you know, the 18 question of whether it would be 19 appropriate, even from a -- from 20 any standpoint, to have someone 21 from the company involved with it, 22 it certainly was acceptable from a 23 CE standpoint, as long as they did 24 not talk about, you know,</p>
<p style="text-align: right;">Page 415</p> <p>1 discussion that, you know, a 2 proposed agenda, if you will, from 3 the discussion with Dr. Argoff and 4 with the input from Dr. Galer. 5 BY MR. BUCHANAN: 6 Q. I'm just going to have to 7 move through it, because I'm a little 8 short of time. 9 A. Sure. 10 Q. Getting to the bottom -- and 11 the jury will have the document, I 12 assume, at some point. 13 But for the talk on the 14 clinical trials, what are meaningful 15 results? Your call on the speaker, you 16 or John F. 17 Did I read that correctly? 18 A. Oh, I see. Yes. 19 Q. You see Point 5? 20 A. I do, yes. 21 Q. You or John F. 22 So what's happening here is 23 you've developed some topics internally, 24 you've put together a draft program to be</p>	<p style="text-align: right;">Page 417</p> <p>1 therapeutic -- how to treat 2 patients with these medications, 3 but, rather, clinical trial design 4 was an area of his expertise. 5 BY MR. BUCHANAN: 6 Q. And I was just asking 7 factually. 8 That's what was happening -- 9 A. I'm sorry. 10 Q. -- what I summarized, 11 correct? 12 A. Yes. 13 Q. Thank you. I have to move 14 along. 15 So there was a -- the 16 president of the company, when Endo 17 severed from DuPont and did the reverse 18 buyout or however -- 19 A. Carol Ammon. 20 Q. -- you want to characterize 21 that. 22 You worked with her for a 23 number of years? 24 A. I did.</p>

<p style="text-align: right;">Page 418</p> <p>1 MR. BUCHANAN: Can we play a 2 short clip? I think that's all I 3 have time for. 4 I'll represent to you, 5 ma'am, this is an excerpt of an 6 interview. It will show up on 7 your screen there and there. 8 We've got screens everywhere in 9 the room, just take a look, 10 please. 11 Do you recognize that as Ms. 12 Ammon? 13 MR. DAVIS: I'll make an 14 objection again of just playing a 15 clip of a recording here. You can 16 answer questions about it, but 17 it's the same objection we made 18 about the previous clip. 19 BY MR. BUCHANAN: 20 Q. We can agree Mrs. Ammon was 21 the CEO of Endo; is that true? 22 A. Yes. 23 Q. Do you recognize her on the 24 screen?</p>	<p style="text-align: right;">Page 420</p> <p>1 video on it, so you have it for 2 posterity, to the extent you don't 3 already. 4 THE WITNESS: And my point 5 was just I don't know what the 6 date of this is. At times, Carol 7 was CEO, she was president, she 8 was on the board. So her position 9 evolved over time. 10 So I don't know that she 11 was -- 12 BY MR. BUCHANAN: 13 Q. She held various 14 positions -- 15 A. Yes. 16 Q. -- at Endo over time? 17 A. Correct. 18 MR. BUCHANAN: This is 19 E04204, for our internal 20 reference. What's the exhibit 21 number for the record? 22 This is Exhibit-47. 23 - - - 24 (Whereupon, Endo-Kitlinski</p>
<p style="text-align: right;">Page 419</p> <p>1 MR. BUCHANAN: Can we play 2 the clip? 3 MR. KUNYS: The clip will be 4 played from the 3 minute, 45 5 second mark -- 6 THE WITNESS: And I'll 7 just -- 8 MR. KUNYS: -- to 4 minute 9 20 second mark. 10 THE WITNESS: Just to be 11 perfectly accurate -- 12 MR. BUCHANAN: Just a 13 moment, ma'am. I'm sorry, we have 14 too much cross-talk. 15 Could you please identify 16 for the court reporter the portion 17 that you're playing? 18 MR. KUNYS: The clip will be 19 played from the 3 minute 45 second 20 mark to the 4 minute 20 second 21 mark. 22 MR. BUCHANAN: Before you 23 play it. Counsel, I passed you a 24 thumb drive that has the full</p>	<p style="text-align: right;">Page 421</p> <p>1 Exhibit-47, Hard drive, was marked 2 for identification.) 3 - - - 4 MR. BUCHANAN: Could you 5 play it now, please? 6 - - - 7 (Whereupon, a video 8 recording was played.) 9 - - - 10 BY MR. BUCHANAN: 11 Q. I want to pause on that for 12 a moment. 13 Ms. Ammon used the word 14 "thought." Is she a doctor? 15 MR. DAVIS: Objection to 16 form. 17 THE WITNESS: I'm sorry, 18 she's a clinical researcher, and 19 she also has -- 20 BY MR. BUCHANAN: 21 Q. I should have said a medical 22 doctor, that would have shortened it. 23 A. She's not an -- she's not an 24 MD, no.</p>

<p style="text-align: right;">Page 422</p> <p>1 Q. Fair enough.  2 She used the word in there,  3 I think it was thought leader, or key  4 opinion leader.  5 Did you hear her say that?  6 A. Yes.  7 MR. DAVIS: Objection to  8 form.  9 BY MR. BUCHANAN:  10 Q. And using -- I think she  11 said using thought leaders that would  12 move the market.  13 Do you recall her saying  14 that?  15 A. I heard her use the word  16 "thought leaders."  17 Q. And I think you had some  18 concern, ma'am, earlier today, about the  19 use of key opinion leader.  20 Do you recall that?  21 MR. DAVIS: Objection to  22 form.  23 THE WITNESS: I expressed  24 the fact that we referred to them,</p>	<p style="text-align: right;">Page 424</p> <p>1 was to use key opinion leaders to move  2 the market, right?  3 MR. DAVIS: Objection to  4 form.  5 THE WITNESS: Again, first  6 of all, I don't know what the --  7 what venue of this is. I don't  8 know the timing. And it would not  9 be appropriate for me to speculate  10 on what Carol was thinking or  11 referring to at that time.  12 BY MR. BUCHANAN:  13 Q. Do you remember that,  14 though, being the culture in the early  15 years at Endo?  16 MR. DAVIS: Objection to  17 form.  18 THE WITNESS: No, I don't.  19 BY MR. BUCHANAN:  20 Q. Trying to grow this pain  21 market, to drive it --  22 MR. DAVIS: Objection to  23 form.  24 BY MR. BUCHANAN:</p>
<p style="text-align: right;">Page 423</p> <p>1 "we" meaning our department, as  2 therapeutic experts because that's  3 the purpose that we attributed  4 them.  5 BY MR. BUCHANAN:  6 Q. And what you told us earlier  7 is a key opinion leader is more somebody  8 who is, you know, designed to sway  9 opinions.  10 Do you recall giving us that  11 answer earlier today?  12 MR. DAVIS: Objection to  13 form.  14 THE WITNESS: I would not  15 recall those exact words. I  16 remember saying that they were  17 relevant to opinions, as opposed  18 to being a therapeutic expert.  19 I don't recall my exact  20 words, but --  21 BY MR. BUCHANAN:  22 Q. And Ms. Ammon, here in this  23 clip, is telling the interviewer that  24 that's just what Endo was looking to do,</p>	<p style="text-align: right;">Page 425</p> <p>1 Q. -- through the use of key  2 opinion leaders?  3 MR. DAVIS: Objection to  4 form.  5 THE WITNESS: I remember the  6 fact that we were trying to  7 establish Endo's presence as a  8 responsible pain management  9 company who were committed to  10 patients having access to  11 appropriate medications, and that  12 the risks associated -- I'm  13 sorry -- that the risks associated  14 with our medications were  15 mitigated to the extent they could  16 be.  17 BY MR. BUCHANAN:  18 Q. I'm sorry, ma'am, I'm trying  19 to move quickly --  20 A. No worries.  21 Q. -- because there's going to  22 be a buzzer that goes off at some point.  23 Maybe I'll get a minute of indulgence if  24 I behave myself.</p>

<p style="text-align: right;">Page 426</p> <p>1                   - - -</p> <p>2                   (Whereupon, Endo-Kitlinski</p> <p>3                   Exhibit-48,</p> <p>4                   ENDO-OPIOID_MDL-04908487-488,</p> <p>5                   with attachment, was marked for</p> <p>6                   identification.)</p> <p>7                   - - -</p> <p>8 BY MR. BUCHANAN:</p> <p>9                   Q. This is Exhibit-48. This is</p> <p>10                  an e-mail from Amy Lohr. You're among</p> <p>11                  the recipients, and it's from 2002.</p> <p>12                  Do you see this e-mail</p> <p>13                  thread?</p> <p>14                  A. I do.</p> <p>15                  MR. BUCHANAN: Can you pull</p> <p>16                  it up on the screen, please? It's</p> <p>17                  E256.</p> <p>18 BY MR. BUCHANAN:</p> <p>19                  Q. The subject is, Business</p> <p>20                  planning kickoff meeting documents.</p> <p>21                  Have you seen this one</p> <p>22                  before, ma'am?</p> <p>23                  A. I can see I was copied on</p> <p>24                  this back in 2002. But, again, 17 years</p>	<p style="text-align: right;">Page 428</p> <p>1 at your responsibilities, really, in '98</p> <p>2 and '99 -- I think it's Exhibits-1 and</p> <p>3 3 -- let's start with Exhibit-1. Thank</p> <p>4 you.</p> <p>5                  Exhibit-1, clinical</p> <p>6 development education, 1998 mid-year</p> <p>7 update on goals and objectives, Linda A.</p> <p>8 Kitlinski.</p> <p>9                  Do you see that?</p> <p>10                  A. Yes.</p> <p>11                  Q. Goal and objective one,</p> <p>12 Financial performance. Achieve or exceed</p> <p>13 the company's financial goals for 1998</p> <p>14 with regard to revenue, variable</p> <p>15 contribution and cash, EBITDA -- that</p> <p>16 sounds like a financial term.</p> <p>17                  Is that your wheelhouse?</p> <p>18                  A. This is a standard</p> <p>19 boilerplate objective that everyone in</p> <p>20 the company had.</p> <p>21                  Q. And the way you</p> <p>22 characterized how you were going to go</p> <p>23 about doing that was to partner with</p> <p>24 sales and marketing to identify,</p>
<p style="text-align: right;">Page 427</p> <p>1 later, after millions of documents that I</p> <p>2 looked at, I don't recall what this</p> <p>3 exactly is.</p> <p>4                  Q. Fair enough.</p> <p>5                  Let's go to 1256.5. Endo</p> <p>6 Pharmaceuticals, Inc., 2003 to 2007,</p> <p>7 business plan, planning kickoff meeting,</p> <p>8 April 1, 2002.</p> <p>9                  And then just roll forward</p> <p>10 to 1256.6. Endo Pharmaceuticals vision,</p> <p>11 2001. The first one says, To be the</p> <p>12 premiere pain management company. And</p> <p>13 the second one says, To drive the</p> <p>14 practice of pain management.</p> <p>15                  Do you see that?</p> <p>16                  A. Yes.</p> <p>17                  Q. And you recall, ma'am, in</p> <p>18 your --</p> <p>19                  MR. BUCHANAN: I think it's</p> <p>20 Exhibit-1, if you have it in your</p> <p>21 stack, counsel, maybe you can pass</p> <p>22 it to the witness.</p> <p>23 BY MR. BUCHANAN:</p> <p>24                  Q. In Exhibit-1, when we look</p>	<p style="text-align: right;">Page 429</p> <p>1 prioritize and capitalize on what, ma'am?</p> <p>2                  A. Education --</p> <p>3                  MR. DAVIS: Objection. I</p> <p>4 think that's the ball game. If</p> <p>5 you have another question or two.</p> <p>6                  MR. BUCHANAN: I'm pretty</p> <p>7 close. Can you indulge me for two</p> <p>8 minutes?</p> <p>9                  MR. DAVIS: Yes.</p> <p>10 BY MR. BUCHANAN:</p> <p>11                  Q. Partner with sales and</p> <p>12 marketing to identify, prioritize and</p> <p>13 capitalize on -- what did you write after</p> <p>14 that, ma'am?</p> <p>15                  A. Educational opportunities.</p> <p>16                  Q. Which drive attainment of</p> <p>17 what?</p> <p>18                  A. Of sales quotas, while</p> <p>19 optimizing resource utilization.</p> <p>20                  Q. So one of your objectives</p> <p>21 was to partner with sales and marketing</p> <p>22 to prioritize and capitalize on</p> <p>23 educational opportunities.</p> <p>24                  Educational opportunities</p>

<p style="text-align: right;">Page 430</p> <p>1 towards attaining sales quotas is what 2 you wrote, correct? 3 A. That's what I wrote, yes. 4 Q. And then you list a number 5 of the organizations. We've got the 6 American Pain Society. 7 Do you see that? 8 A. Yes. 9 Q. And we've got the ACP, Pain 10 Management. 11 Do you see that? 12 A. Yes. 13 Q. We've got the International 14 Association For the Study of Pain, right? 15 A. Yes. 16 Q. Pain Management Guidelines, 17 we spent some time with that today, 18 right? 19 A. Yes. 20 Q. And these were the items -- 21 and there's others, but I'm being told 22 I'm just about out of time. These were 23 the items you highlighted in connection 24 with your clinical development,</p>	<p style="text-align: right;">Page 432</p> <p>1 BY MR. BUCHANAN: 2 Q. This is for posterity, 3 ma'am, just so we have it, in the event 4 we have to have a fuss at some point in 5 time. 6 I'm marking the last in 7 order of your deposition. You don't need 8 to review it, other than to say, does 9 that look like a copy of the subpoena you 10 were served with and provided and 11 reviewed? 12 It may have had a different 13 cover page -- 14 A. I was going to say, the 15 cover page doesn't look familiar. 16 Q. We don't get the pretty 17 stamped one back, or maybe we didn't. 18 But the content of it, if 19 you flip the pages quickly, does that 20 look like the one you were working off of 21 when you were trying to see what 22 responsive information you had? 23 A. There was another page, 24 calling it materials or something along</p>
<p style="text-align: right;">Page 431</p> <p>1 education, goals and objectives, how you 2 were going to help achieve the financial 3 performance, correct? 4 MR. DAVIS: Objection to 5 form. 6 BY MR. BUCHANAN: 7 Q. Is that what you 8 highlighted? 9 A. And I'll just emphasize what 10 I said earlier. This was two months 11 after joining the company. This was -- I 12 was the only individual in the 13 department, and this was not relating to 14 independent medical education. 15 This was -- the example I 16 used was how to use a pain rating scale, 17 how to talk to your doctor about pain. 18 - - - 19 (Whereupon, Endo-Kitlinski 20 Exhibit-49, No Bates, Amended 21 Subpoena to Testify at a 22 Deposition in a Civil Action, was 23 marked for identification.) 24 - - -</p>	<p style="text-align: right;">Page 433</p> <p>1 that line. Here is the request -- it 2 doesn't look, quite honestly -- the 3 request for production followed right 4 after the definitions on my copy. So I 5 don't know, you know, the pages that are 6 in the intervening area here. 7 MR. BUCHANAN: Is there a 8 difference, counsel? Is there a 9 debate on this? 10 MR. DAVIS: I don't know if 11 there is a -- we can talk about 12 it. I don't think it has -- 13 THE WITNESS: Just on the 14 face of things, I'm just saying 15 that it looks different to me. 16 I'm not saying that it's 17 substantively different. I'd have 18 to look at it. 19 MR. DAVIS: If we've got an 20 issue, we'll talk about it. 21 MR. BUCHANAN: Fair enough. 22 BY MR. BUCHANAN: 23 Q. And my final inquiry, which 24 will be very brief, is, when you did your</p>

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1 search, you said you did look for  
2 materials related to REMS?  
3 A. Yes.  
4 Q. Okay. In connection with  
5 REMS, do you have interactions with  
6 academics, with practitioners, with  
7 people who are not in industry?  
8 MR. DAVIS: Objection to  
9 form.  
10 THE WITNESS: I mean, I  
11 guess I wonder what you mean by  
12 "interactions."  
13 So, for example, when I go  
14 to the FDA public meetings?  
15 BY MR. BUCHANAN:  
16 Q. I mean correspondence,  
17 e-mails.  
18  
19 A. All of the --  
20 Q. Does the REMS group include  
21 people who are -- you know, like Dr.  
22 Portenoy and folks like that?  
23 A. No.  
24 MR. DAVIS: Objection to

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1 form.  
2 BY MR. BUCHANAN:  
3 Q. It's strictly industry  
4 participants?  
5 A. No, it's not strictly  
6 industry participants. It's the CE  
7 providers and the -- as I said, the  
8 Conjoint Committee on education, the  
9 Council of Medical Specialty Societies.  
10 But it is not individual  
11 physicians, clinicians, if you will.  
12 Q. Okay.  
13 A. Unless someone asks if  
14 so-and-so is a faculty member for the  
15 REMS, you know, when they're doing a  
16 grant proposal or something.  
17 Q. That's fine. Thank you.  
18 MR. BUCHANAN: I appreciate  
19 your indulgence, counsel.  
20 VIDEO TECHNICIAN: Going off  
21 the record. The time is 6:35 p.m.  
22 - - -  
23 (Whereupon, a brief recess  
24 was taken.)

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1 - - -  
2 VIDEO TECHNICIAN: We're  
3 back on the record at 6:50 p.m.  
4 - - -  
5 EXAMINATION  
6 - - -  
7 BY MR. LENISKI:  
8 Q. Good evening, Ms. Kitlinski.  
9 My name is Joe Leniski, no relation --  
10 A. Good evening.  
11 Q. -- at least I know of.  
12 And I represent district  
13 attorneys and children born with AES in  
14 the state of Tennessee. I'll be asking  
15 you questions about my state and some of  
16 the things going on there that you may  
17 have been involved with.  
18 MR. LENISKI: Before we get  
19 going, I want to note for the  
20 record that the Tennessee  
21 plaintiffs are taking these  
22 depositions while reserving all of  
23 our rights, due to our standing  
24 objection to the cross-notice in

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1 the MDL and as a result of  
2 production failures under the  
3 standing MDL order and lack of  
4 sufficient notice.  
5 And we also object because  
6 in Tennessee there are no time  
7 limits to depositions.  
8 So, with that objection,  
9 we'll proceed.  
10 MR. DAVIS: If I may, just  
11 because we dispute, obviously,  
12 there's been any production  
13 failures or notice failures.  
14 We also think that, sitting  
15 here in Pennsylvania deposing Ms.  
16 Kitlinski, it would be the  
17 Pennsylvania rules that would  
18 apply, nonetheless.  
19 But please go ahead.  
20 BY MR. LENISKI:  
21 Q. Ms. Kitlinski, before your  
22 deposition, we asked Endo's attorneys to  
23 identify whether you had any knowledge  
24 that was specific to the state of

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1 Tennessee as pertaining to that state  
2 during your time at Endo.  
3 And they informed us that  
4 you held a national role, with national  
5 responsibilities, and that you do not  
6 have Tennessee-specific knowledge.  
7 Is that an accurate  
8 statement?  
9 A. That is -- that is an  
10 accurate statement, with the exception --  
11 I don't have Tennessee-specific  
12 knowledge, with the exception of the fact  
13 that I did sit on the risk management  
14 committee at Endo and, at times, some of  
15 the discussions that occurred at that --  
16 in that forum related to various states.  
17 Q. Do you recall the first time  
18 that such discussions about Tennessee may  
19 have come to your attention as a member  
20 of the risk management team?  
21 A. I'm sorry -- and, again, I  
22 feel like a broken record today saying  
23 that I wish I had my records or my  
24 computer and could look at things, but I

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1 don't.  
2 I just know it was prior to  
3 my leaving the company in 2014.  
4 Q. And when you say "risk  
5 management team," what are you talking  
6 about?  
7 A. So we referred, during the  
8 deposition today, to the fact that prior  
9 to the REMS, Endo had a voluntary  
10 RiskMAP, which we negotiated with the FDA  
11 as our, you know, proactive efforts to  
12 mitigate the risks associated with all  
13 opioid analgesics and/or with, you know,  
14 appropriate pain -- access to pain  
15 medications.  
16 And so part of that, part of  
17 that RiskMAP was the fact that there was  
18 a -- I'll call it an interdisciplinary,  
19 you know, representatives from  
20 regulatory, from medical, from R&D, from  
21 commercial, et cetera, who would get  
22 together once a month and have a  
23 discussion of the various sections of the  
24 Risk -- the RiskMAP that we would report

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1 on.  
2 Q. And why did you  
3 understand -- or did you have an  
4 understanding as to why you were asked to  
5 sit on the risk management team?  
6 A. Because an important part of  
7 the RiskMAP, it was a very substantial  
8 commitment. Even though it was  
9 voluntary, we took the risk mitigation  
10 responsibilities very seriously.  
11 And a large part of it was  
12 educational. Some of it was relating to  
13 independent education for clinicians,  
14 other was relating to, you know,  
15 education for patients or family members,  
16 caregivers.  
17 Q. And, to your knowledge, who  
18 set the agenda for the risk management  
19 team?  
20 A. The agenda was -- came out  
21 from the pharmacovigilance department. I  
22 don't know, of my own knowledge, who  
23 within that group, you know, actually --  
24 I'm sure it was, you know, a discussion

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1 with the folks in that department and  
2 their supervisors.  
3 Q. When you say  
4 "pharmacovigilance," are you talking  
5 about, for example, Neal Shusterman?  
6 A. Neal was in -- at least in  
7 my time at Endo was in R&D, and he had  
8 the pharmacovigilance department  
9 reporting to him.  
10 So someone like a Marc  
11 Collins. Again, there were others in  
12 that capacity prior to that time.  
13 Q. Do you recall any specific  
14 discussions of any kind involving the  
15 state of Tennessee while a member of the  
16 risk management team?  
17 A. I remember a discussion  
18 that, you know, there were areas of the  
19 country, West Virginia, for example,  
20 Tennessee, parts of Ohio, where there  
21 appeared to be a higher -- a relatively  
22 higher incidence of rates of abuse,  
23 misuse, addiction, overdose, et cetera,  
24 than in other geographic areas.

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1 And so as part of that --  
 2 and I don't recall what was -- this  
 3 sounds terrible, but I don't recall what  
 4 was Tennessee versus West Virginia  
 5 specifically. But it was that type of  
 6 discussion.  
 7 And one of -- what I do  
 8 recall is that I knew a PharmD who worked  
 9 with NADDI in West Virginia and  
 10 Tennessee. His name is Michael O'Neill.  
 11 And he was -- I believe he was a PharmD.  
 12 And he did a lot of education, sort of  
 13 feet on the street, if you will, in that  
 14 area.  
 15 And so I had contacted him,  
 16 reached out to him, to ask for his  
 17 recommendations on what types of  
 18 educational interventions might be  
 19 helpful in addressing, you know, the  
 20 issues there.  
 21 So that's what I recall  
 22 about Tennessee, you know, per se. And I  
 23 reported that back to the risk management  
 24 committee. And it was followed up on

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1 after that.  
 2 Q. How long had you been  
 3 affiliated with or familiar with Mr.  
 4 O'Neill?  
 5 A. I had met him at the APS  
 6 meeting and at NADDI a few years -- two,  
 7 three years, perhaps, prior to the time  
 8 that I reached out to him.  
 9 Q. When you say "NADDI"?  
 10 A. The National Drug  
 11 Diversion -- National Association of Drug  
 12 Diversion Investigators.  
 13 Q. And are you testifying that  
 14 Mr. O'Neill worked for NADDI?  
 15 A. No. I just know that he was  
 16 involved in some of their activities.  
 17 Perhaps he educated clinicians in the  
 18 area.  
 19 Q. And you understood Mr.  
 20 O'Neill was located in Tennessee?  
 21 A. I understood he was located  
 22 in West Virginia at one time and in  
 23 Tennessee at another time. I don't know,  
 24 you know, in retrospect, which was which.

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1 Q. So when this issue came up  
 2 with respect to that area of the  
 3 country -- and I'll sometimes refer to  
 4 that area also as Appalachia.  
 5 A. Yes.  
 6 Q. Have you heard that term  
 7 before?  
 8 A. I have.  
 9 Q. And what did you understand  
 10 about the use of opioids in Appalachia,  
 11 during your time at Endo?  
 12 MR. DAVIS: Objection to  
 13 form.  
 14 THE WITNESS: Again, it was  
 15 my understanding that that was an  
 16 area of particularly hard hit with  
 17 the opioid overuse -- misuse,  
 18 abuse, overdose and addiction  
 19 problems.  
 20 BY MR. LENISKI:  
 21 Q. Did you also learn that  
 22 Appalachia was an area of relatively  
 23 higher incidences of diversion of  
 24 opioids?

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1 A. Yes.  
 2 MR. DAVIS: Objection to  
 3 form.  
 4 BY MR. LENISKI:  
 5 Q. And same question, did you  
 6 ever learn that the state of Tennessee  
 7 was -- had a relatively higher incidence  
 8 of diversion of opioids?  
 9 MR. DAVIS: Objection to  
 10 form.  
 11 THE WITNESS: I don't know  
 12 that I ever knew that particular  
 13 fact about the state of Tennessee.  
 14 I did know that that area,  
 15 in general, was -- was subject to  
 16 that.  
 17 BY MR. LENISKI:  
 18 Q. So with respect to your  
 19 contacting Mr. O'Neill, was it you who  
 20 brought that notion to the risk  
 21 management team's attention?  
 22 MR. DAVIS: Objection to  
 23 form.  
 24 THE WITNESS: The notion of

<p style="text-align: right;">Page 446</p> <p>1 contacting him, or -- we were 2 brainstorming what types of 3 interventions we could pursue to 4 help address the issue that would 5 be, you know, specific to that 6 area. 7 And in my experience, a big 8 part of the educational challenge 9 is understanding what the local 10 needs are versus, you know, just 11 national needs in general. 12 And then also understanding 13 what the local norms are in terms 14 of, you know, do they have a 15 regional conference that people go 16 to? Do they like to go to, you 17 know, their professional 18 organizations? Or is there 19 something regional that they 20 participate in? 21 So we were brainstorming on 22 that. And I said, let me reach 23 out to Dr. O'Neill and see if he 24 has any insights on that.</p>	<p style="text-align: right;">Page 448</p> <p>1 event. 2 Q. And did you come to 3 understand, during your employment at 4 Endo, that there were reports of TTP 5 occurring in the state of Tennessee, 6 specifically with respect to intravenous 7 drug abuse of Opana ER? 8 A. Again, Dr. Schusterman was 9 the individual, and others, who were 10 following up on that. So my knowledge of 11 it, that was not my area of focus. 12 I just know from hearing 13 them refer to it during the follow-up 14 action items, for example, from the risk 15 management team meeting, that they were 16 pursuing that. 17 Q. Did you understand that any 18 of the educational efforts that you were 19 pursuing through Mr. O'Neill in the state 20 of Tennessee had anything to do with 21 addressing the TTP issue? 22 MR. DAVIS: Objection to the 23 form. 24 THE WITNESS: I don't -- I</p>
<p style="text-align: right;">Page 447</p> <p>1 BY MR. LENISKI: 2 Q. Okay. And do you recall 3 there being a specific incident of abuse 4 that occurred in Tennessee which prompted 5 you to seek out Mr. O'Neill? 6 A. No. 7 Q. Are you familiar with the 8 term "thrombotic thrombocytopenic 9 purpura"? 10 A. Yes, TTP. 11 Q. I'll say TTP for short. 12 A. That's okay. 13 Q. Thank you for not making me 14 say it again. I appreciate that. 15 So you are familiar with 16 TTP? 17 A. Yes, I am. 18 Q. And what is that? 19 A. It's a -- it's like when 20 injection drug users utilize a medication 21 inappropriately, the -- I don't know that 22 they ever really identified what was -- 23 one of the diluents or whatever, but 24 something causes that, the thrombotic</p>	<p style="text-align: right;">Page 449</p> <p>1 don't honestly recall, because I 2 think that may have been not long 3 prior to the time of my leaving 4 Endo. So I don't know how far 5 they progressed along those lines. 6 And I don't want to guess. 7 I don't want to speculate. I 8 don't remember. 9 BY MR. LENISKI: 10 Q. Do you recall any discussion 11 amongst the risk management team about 12 the ways in which Endo could address the 13 TTP problem in Tennessee? 14 A. I recall, again -- and I 15 recall them what -- talking about the 16 fact that Dr. Schusterman was following 17 up with the FDA and with the CDC and, you 18 know, all of the other appropriate 19 organizations. And they were waiting for 20 some data. 21 This is the limit of my 22 recollection, which is, it's not my area 23 of expertise, but I don't want you to 24 think I didn't absorb anything. I knew</p>

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1 that they were -- the appropriate people  
2 were handling it and pursuing it.  
3 But my own focus was just  
4 saying, hey, I know someone who is in the  
5 area, and may be able to help identify  
6 what some of the needs are here, and that  
7 he was involved in education in that  
8 area.  
9 Q. Okay. And do you recall  
10 what Mr. O'Neill -- what ideas he had  
11 with respect to what could be done, as  
12 far as educational efforts in the state  
13 of Tennessee, in reaction to that issue?  
14 A. He had talked about some  
15 local organizations that were active in  
16 doing -- you know, active in efforts to  
17 try to address the addiction, abuse,  
18 overdose problem.  
19 I don't remember anything  
20 specific about TTP. Again, that was just  
21 beginning to occur. And so his -- his  
22 follow-up action item was going to be to  
23 speak with those individuals who were  
24 working in these other organizations at

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1 their next meeting and report back to Dr.  
2 Schusterman and determine a path forward  
3 there.  
4 Q. In connection with the TTP  
5 issue, do you recall reaching out to any  
6 other organizations to assist Endo with  
7 educational efforts in the state of  
8 Tennessee?  
9 A. No, I didn't know anyone  
10 else in the state of Tennessee.  
11 Q. Do you recall there being a  
12 series of public service announcements,  
13 or PSAs, that were aired in the state of  
14 Tennessee in movie theatres in connection  
15 with this issue?  
16 A. The American Chronic Pain  
17 Association, yes, I do.  
18 Q. And what do you recall about  
19 the involvement of the American Chronic  
20 Pain Association, with respect to the TTP  
21 issue?  
22 A. Yes. Thank you for jogging  
23 my memory on that.  
24 Q. It's my job.

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1 A. Penny Cowan, who was the  
2 executive director of the ACPA -- the  
3 reason that didn't come to mind  
4 originally is that was done more broadly  
5 than just Tennessee, and I guess they  
6 decided to reutilize it there.  
7 And it was a brief public  
8 service announcement that was designed,  
9 you know, when people were coming into  
10 the theatre with their popcorn and  
11 waiting for the feature, to take that  
12 captive audience moment, especially kids  
13 and teenagers and young adults, to  
14 emphasize some simple, safe messages  
15 about don't share your medication.  
16 And it was a very -- I  
17 recall it very distinctly. It was a very  
18 dramatic PSA. It showed, let's say,  
19 three or four family members and one was  
20 blacked out, you know, as if they were no  
21 longer alive. And, you know, it was  
22 talking about the fact that you needed to  
23 secure your medications and don't share  
24 them, some simple things like that.

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1 Q. The PSAs, to your knowledge,  
2 had -- did not directly address the issue  
3 of intravenous drug abuse --  
4 A. No.  
5 Q. -- with Opana ER, correct?  
6 A. No. It was some basic  
7 principles of safe -- you know, how to  
8 mitigate risks associated with opioids.  
9 Q. And did the PSAs in any way  
10 address specifically Opana ER?  
11 MR. DAVIS: Objection to  
12 form.  
13 BY MR. LENISKI:  
14 Q. To the best of your  
15 recollection?  
16 A. I don't believe so. I think  
17 it was a generic, you know, public  
18 service announcement.  
19 Q. And you mentioned that these  
20 PSAs were targeted at young people.  
21 Why was that?  
22 A. Well, when I say "targeted  
23 at young people," the idea was, you know,  
24 who was going to the movies at that time

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1 were young adults. This was prior to  
2 social media, I'm sure that would be all  
3 changed now. But young adults, kids who  
4 were going to the theatre.  
5 And it was relevant across  
6 the board, obviously, for all of the  
7 general public.  
8 Q. Did Endo perceive that there  
9 was a particular problem with abuse of  
10 opioids and young people in the state of  
11 Tennessee?  
12 MR. DAVIS: Objection to  
13 form.  
14 THE WITNESS: Not to my  
15 knowledge. Again, that just  
16 happened to be when the American  
17 Chronic Pain Association was  
18 trying to think of places to, you  
19 know, show the public service  
20 announcement.  
21 They had had success in the  
22 past with using movie theatres.  
23 And so they suggested that to us.  
24 BY MR. LENISKI:

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1 Q. And who reached out to the  
2 ACPA on that occasion, if anybody, to  
3 bring the PSA into Tennessee theatres?  
4 A. I was originally the one who  
5 had talked to the ACPA about the PSA in  
6 general, because it was done through an  
7 educational grant.  
8 And I cannot recall who on  
9 the risk management team -- I probably  
10 facilitated the, you know, interaction  
11 and spoke to the ACPA about whether, you  
12 know, what they thought about it.  
13 But in terms of the  
14 logistics and, you know, the funding for  
15 it and how that was executed, it wasn't  
16 me. And I'm guessing it was one of the  
17 members of the risk management team who  
18 was responsible for that.  
19 Q. Had you been involved in any  
20 grants going to the ACPA prior to that  
21 occurrence of the PSA being shown in  
22 Tennessee theatres?  
23 A. Yes. It was developed as an  
24 educational grant. As I said, it was

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1 shown more broadly. So that was an  
2 educational grant for them. Yes.  
3 Q. So it had already been  
4 produced prior to the point where they  
5 were -- it was shown in Tennessee  
6 theatres, in other words?  
7 A. Correct.  
8 And the idea was, what could  
9 we utilize, you know, to be able to  
10 intervene as quickly as possible to help  
11 the folks in that area.  
12 Q. Other than working with Mr.  
13 O'Neill and the ACPA with the Tennessee  
14 theatre ads, were you involved in any  
15 other educational efforts of any kind in  
16 the state of Tennessee, relative to the  
17 TTP issue?  
18 A. No, nothing relative to the  
19 TTP issue.  
20 The other -- and, again,  
21 this is just me making an introduction  
22 and trying to facilitate. There were a  
23 series of ten, I'll call them a tear-pad  
24 like this, right, of patient and family

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1 education sheets talking about basic  
2 principles of safe storage of opioids,  
3 you know, dispose of them properly when  
4 you're finished with them.  
5 And they had been developed  
6 by the pain action team, which was --  
7 again, had been supported originally as  
8 an educational grant.  
9 And so when we were talking  
10 about what types of materials might be  
11 helpful to addressing, not just Tennessee  
12 but the issue there in the Appalachian  
13 area, I said, well, you know, we could  
14 perhaps follow-up and see if they would  
15 be interested, in the area, in utilizing  
16 those -- those opioid, you know, safe  
17 storage and don't share kinds of sheets  
18 that had already been developed.  
19 Q. You said pain action team.  
20 Are you talking about Pain  
21 Action.com?  
22 A. Yes.  
23 Q. And what is that group?  
24 A. Pain Action.com was a

<p style="text-align: right;">Page 458</p> <p>1 website that was developed by Inflexxion 2 and was the companion site to painEDU, 3 which was for clinicians. 4 So painEDU was for clinician 5 education. Pain Action was for patients 6 and caregivers. 7 Q. And had Endo supported Pain 8 Action.com previously from the TTP issue, 9 with respect to educational grants? 10 A. We had. As had other 11 companies. 12 But, again, it wasn't 13 specific to -- just to be clear, if I 14 understood your question right, it wasn't 15 specific to TTP. It was more how to 16 secure your medications and, you know, 17 don't share and it's illegal to share and 18 take as directed and, you know, those 19 types of -- what do you do when you go on 20 vacation types of things. 21 Q. And just so the record is 22 clear, were you involved in any 23 educational efforts surrounding the TTP 24 issue in Tennessee that involved warning</p>	<p style="text-align: right;">Page 460</p> <p>1 which was -- which Endo intended to be 2 abuse deterrent, was being used in that 3 manner? 4 MR. DAVIS: Objection to 5 form. 6 THE WITNESS: I was -- when 7 you say was I surprised, I was 8 aware of the fact that that 9 specific formulation had been 10 specifically designed to address 11 the route of administration that 12 was previously being abused, which 13 was, you know, insufflation and 14 snorting. 15 And so I had not -- you 16 know, we knew that that was going 17 to be effective for that, because 18 that's what it was designed for. 19 One of the -- one of the 20 things that I had not expected, 21 you know, was that there were 22 going to be issues with this. So 23 to that extent, I was surprised. 24 BY MR. LENISKI:</p>
<p style="text-align: right;">Page 459</p> <p>1 individuals or patients about intravenous 2 drug use? 3 A. No. 4 MR. DAVIS: Objection to 5 form. 6 THE WITNESS: I'm sorry. 7 I was not. 8 BY MR. LENISKI: 9 Q. Okay. And was it also your 10 understanding that the TTP issue that 11 arose in Tennessee at that time involved 12 the reformulated Opana ER, as opposed to 13 the old formulation? 14 MR. DAVIS: Objection to 15 form. 16 BY MR. LENISKI: 17 Q. Is that your knowledge? 18 MR. DAVIS: Sorry. 19 THE WITNESS: By virtue of 20 the timing of things in my mind, 21 yes, that makes sense. 22 BY MR. LENISKI: 23 Q. And was that surprising to 24 you, that the reformulated Opana ER,</p>	<p style="text-align: right;">Page 461</p> <p>1 Q. Other than the educational 2 efforts you just testified about, were 3 you -- do you recall any other 4 discussions among the risk management 5 team about ways to address the 6 intravenous abuse that was occurring with 7 reformulated Opana ER? 8 MR. DAVIS: Objection to 9 form. 10 THE WITNESS: And, again, I 11 recall that Dr. Schusterman, Marc 12 Collins, there was another 13 individual, I'm sorry, I'm 14 blanking on his name, who was sort 15 of representing the commercial 16 team on that -- on that group. 17 And I know that they were, 18 you know, working together to try 19 to identify potential -- potential 20 resources, shall we say, that 21 could be brought into the area for 22 education. 23 And, in fact, I think that 24 ultimately the PSA was made</p>

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1 available, like, on a CD or  
2 something that people could  
3 utilize in other -- in other  
4 settings rather than just movie  
5 theatres.  
6 So that's the type of  
7 activity I was aware of.  
8 BY MR. LENISKI:  
9 Q. Did you participate in any  
10 conference calls that may have occurred  
11 between Endo and its sales team located  
12 in Tennessee about the TTP issue?  
13 A. No, I did not.  
14 Q. Do you recall visiting with  
15 any of the -- in person, with any of the  
16 Endo sales team in Tennessee with respect  
17 to discussions about the TTP issue?  
18 A. I never worked in -- with  
19 any of our sales representatives in  
20 Tennessee.  
21 Q. Did you ever travel to  
22 Tennessee for work?  
23 A. No.  
24 Q. Did you have any

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1 Tennessee-specific responsibilities, to  
2 your knowledge?  
3 A. No.  
4 And, again, like I said,  
5 I'm -- I'm just talking about the fact  
6 that I did -- you know, was aware of Mike  
7 O'Neill being located in that area. And  
8 so, you know, my responsibility was  
9 trying to connect him up with somebody  
10 who could potentially help him, you know,  
11 help us.  
12 Q. I think I was calling him  
13 Mr. O'Neill, but it's actually Dr.  
14 O'Neill, right?  
15 A. Dr. O'Neill, yes.  
16 Q. And Dr. O'Neill, prior to  
17 this occurrence of the TTP issue, had he  
18 been retained as a consultant by Endo?  
19 MR. DAVIS: Objection to  
20 form.  
21 THE WITNESS: Not to my  
22 knowledge. And I say that because  
23 I don't know.  
24 You know, there are various

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1 groups around the company that  
2 were -- that were utilizing  
3 different individuals for  
4 different purposes. And, in fact,  
5 when I was introduced to Dr.  
6 O'Neill, it was just at a function  
7 at one of the congresses, you  
8 know, it wasn't in context with  
9 anything that Endo was actually  
10 doing.  
11 It was just like, oh, here  
12 is -- talking to Charlie Schione  
13 or something like that, and here  
14 is, oh, do you know Mike O'Neill?  
15 No, I don't know.  
16 BY MR. LENISKI:  
17 Q. To your knowledge, did Endo  
18 ever pay Dr. O'Neill as a consultant?  
19 MR. DAVIS: Objection to  
20 form.  
21 THE WITNESS: Actually,  
22 there -- there was a -- there was  
23 some web -- it was a joint -- I'm  
24 just trying to think of what this

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1 was now.  
2 So I believe that Charlie  
3 Schione and Mike O'Neill developed  
4 a web-based something or other  
5 that was related to the  
6 appropriate use of opioids. So  
7 when I just said Charlie Schione's  
8 name right now, that triggered  
9 that. And there was a CD that was  
10 produced from that.  
11 And that was -- when you say  
12 paid, Dr. O'Neill, I believe that  
13 would have gone, you know, since  
14 it was an educational grant, to  
15 the institution, university of  
16 whatever it was. But he would  
17 have received, potentially, an  
18 honorarium in connection with  
19 that.  
20 BY MR. LENISKI:  
21 Q. Do you recall Mr. -- Dr.  
22 O'Neill working at or being located at  
23 South College in Tennessee? Does that  
24 ring a bell?

<p style="text-align: right;">Page 466</p> <p>1 A. That rings a bell, yes.</p> <p>2 Q. So it's your testimony,</p> <p>3 then, that you can recall Endo made</p> <p>4 educational grants to South College?</p> <p>5 MR. DAVIS: Objection to</p> <p>6 form.</p> <p>7 THE WITNESS: And I'll -- it</p> <p>8 was either to South College or it</p> <p>9 was to the West Virginia</p> <p>10 University. He was in the</p> <p>11 transition, you know, of going</p> <p>12 from one university to the other.</p> <p>13 So I won't say explicitly it</p> <p>14 was one or the other.</p> <p>15 BY MR. LENISKI:</p> <p>16 Q. Is there any -- sorry.</p> <p>17 A. That's okay.</p> <p>18 Because I don't recall which</p> <p>19 one it was.</p> <p>20 Q. Was there any formal</p> <p>21 consulting agreement of any kind between</p> <p>22 Dr. O'Neill and Endo at any point?</p> <p>23 A. It would have --</p> <p>24 MR. DAVIS: Objection to</p>	<p style="text-align: right;">Page 468</p> <p>1 diverted into, shall we say, the black</p> <p>2 market where they are purchased by</p> <p>3 others.</p> <p>4 Q. And where does your</p> <p>5 understanding about diversion come from?</p> <p>6 A. From working in this</p> <p>7 educational field for, you know, 35-plus</p> <p>8 years and participating at meetings like</p> <p>9 the NADI conference and the -- you know,</p> <p>10 going to the DEA meetings on occasion and</p> <p>11 going to the FDA meetings where they will</p> <p>12 talk about the issues around opioid</p> <p>13 misuse and abuse and diversion. Part of</p> <p>14 the REMS.</p> <p>15 Q. Was diversion an issue that</p> <p>16 Endo was concerned about, with respect to</p> <p>17 Opana ER?</p> <p>18 MR. DAVIS: Objection to</p> <p>19 form.</p> <p>20 THE WITNESS: I know that</p> <p>21 Endo, going back to the early Endo</p> <p>22 days, was one of the first</p> <p>23 manufacturers of opioid</p> <p>24 analgesics. And as such, they had</p>
<p style="text-align: right;">Page 467</p> <p>1 form.</p> <p>2 THE WITNESS: It would have</p> <p>3 been an educational grant</p> <p>4 submission that the university,</p> <p>5 whichever one it was, would have,</p> <p>6 you know, submitted.</p> <p>7 BY MR. LENISKI:</p> <p>8 Q. Did you continue to consult</p> <p>9 with Dr. O'Neill after leaving Endo?</p> <p>10 A. I haven't spoken with him</p> <p>11 since then, no. And haven't seen him,</p> <p>12 actually, at any conferences either.</p> <p>13 Q. Okay. You're familiar with</p> <p>14 the term "diversion," correct?</p> <p>15 A. Yes.</p> <p>16 MR. DAVIS: Objection to</p> <p>17 form.</p> <p>18 BY MR. LENISKI:</p> <p>19 Q. What is diversion?</p> <p>20 A. Diversion is when</p> <p>21 medications, controlled substances in</p> <p>22 this instance, are not dispensed by</p> <p>23 clinicians for legitimate medical</p> <p>24 purposes but, instead, are, you know,</p>	<p style="text-align: right;">Page 469</p> <p>1 very stringent processes and</p> <p>2 procedures in place at our Long</p> <p>3 Island facility, the vault, in how</p> <p>4 transportation occurred and was,</p> <p>5 you know, monitored and all that.</p> <p>6 I don't know the details,</p> <p>7 because, again, that was outside</p> <p>8 of my area of expertise. But I</p> <p>9 know that they had rigid processes</p> <p>10 in place and systems and SOPs for</p> <p>11 that.</p> <p>12 BY MR. LENISKI:</p> <p>13 Q. Was --</p> <p>14 A. To prevent diversion, excuse</p> <p>15 me. Lest I imply otherwise.</p> <p>16 Q. Was recreational use of</p> <p>17 opioids considered a form of diversion?</p> <p>18 MR. DAVIS: Objection to</p> <p>19 form.</p> <p>20 BY MR. LENISKI:</p> <p>21 Q. Do you understand what I</p> <p>22 mean by "recreational use"?</p> <p>23 A. I do, but I'm sort of</p> <p>24 struggling with -- could you please</p>

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1 rephrase that question?  
2 I'm struggling with, is that  
3 a form of diversion or is that a form  
4 of -- that's a form of abuse or misuse,  
5 as opposed to diversion.  
6 Q. Well, sure. When I say  
7 "recreational use," does that term have  
8 meaning for you in connection with your  
9 time at Endo?  
10 A. It has meaning for me in the  
11 field of substance abuse in general,  
12 meaning that people were using what was  
13 intended to be a drug that was approved  
14 by the FDA for legitimate medical  
15 purposes, they were using it to get high  
16 or for -- you know, escape their cares,  
17 or whatever, as opposed to for the  
18 purpose it was prescribed for and that  
19 the package labeling was intended for.  
20 Q. So using it recreationally  
21 as opposed to for the manner in which it  
22 was prescribed, that would be abuse; is  
23 that correct?  
24 A. Correct.

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1 MR. DAVIS: Objection to  
2 form.  
3 BY MR. LENISKI:  
4 Q. And would that also be a  
5 form of diversion?  
6 MR. DAVIS: Objection to  
7 form.  
8 THE WITNESS: You know,  
9 again, I guess that would depend  
10 on who was -- who was using it  
11 recreationally, right? If a -- if  
12 you were prescribed a medication  
13 for your use and you took it for  
14 your pain, but then you also, you  
15 know, took more of it because you  
16 wanted to get high and it made you  
17 feel good, I don't know that that  
18 would qualify as diversion,  
19 because it was prescribed to you  
20 but it was being abused and  
21 misused, because it was not being  
22 used, A, as prescribed and, B, it  
23 was used for nonmedical purposes.  
24 BY MR. LENISKI:

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1 Q. Would stealing a relative's  
2 Opana ER and snorting it, or crushing it  
3 and snorting it, would that be considered  
4 diversion?  
5 MR. DAVIS: Objection to  
6 form.  
7 THE WITNESS: You know, and  
8 please don't think I'm being  
9 evasive here, but I'm not really  
10 an expert on addiction  
11 terminology, per se.  
12 And diversion is really more  
13 of a regulatory/DEA kind of -- the  
14 folks at our company that were  
15 responsible for that. So I'm more  
16 familiar with the terminology that  
17 is usually utilized, let's say, in  
18 the pain community or in the DSM,  
19 you know, criteria for that.  
20 So that's my understanding.  
21 The definition I gave you for  
22 diversion before, that was my  
23 understanding of that.  
24 BY MR. LENISKI:

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1 Q. Did you familiarize yourself  
2 with the national trends in opioid use  
3 and abuse during your time at Endo?  
4 MR. DAVIS: Objection to  
5 form.  
6 BY MR. LENISKI:  
7 Q. Do you understand my  
8 question?  
9 A. If you could repeat that.  
10 When you're saying "national  
11 trends," are you --  
12 Q. Specifically, were you aware  
13 of the rate of abuse in the state of  
14 Tennessee regarding opioids relative to  
15 other states?  
16 Is that something you were  
17 familiar with?  
18 A. Again, I was familiar with  
19 the fact that that part of the country,  
20 as we said earlier, you know, if we want  
21 to categorize it as Appalachia, which  
22 included Tennessee.  
23 But I specifically did not  
24 familiarize myself with -- with

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1 Tennessee-specific information.  
2 Q. All right. I told you I  
3 represented individual children in  
4 Tennessee who were born afflicted with  
5 neonatal abstinence syndrome.  
6 Do you know what that is?  
7 A. I do.  
8 Q. And what is that?  
9 A. It's when infants are born  
10 going through withdrawal because their  
11 mothers were addicted to opioids. It's a  
12 very sad --  
13 Q. And did you ever -- did you  
14 learn about ANS while you were at Endo?  
15 A. It was -- and, again, I'm  
16 having a difficult time -- because I  
17 remained involved with the opioids, you  
18 know, as part of risk mitigation and  
19 REMS, I can't recall if it was prior to  
20 2014 when I actually left.  
21 But I do know -- I do recall  
22 when -- you know, that there was an  
23 instance when the labeling was updated  
24 for all opioids to include that warning

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1 in the black box up front.  
2 And I know that because that  
3 was a change to the REMS documents,  
4 which, you know, I heard of. So that was  
5 my -- that was my awareness of it.  
6 Q. In clinical affairs did you  
7 ever learn of the rate of babies being  
8 born in Tennessee who have ANS?  
9 A. When I was in clinical  
10 affairs at Endo, it was not something  
11 that was, you know, occurring, or at  
12 least in the public knowledge and domain,  
13 in the extent to which we would have  
14 known what the condition was, but it  
15 wasn't something that, until recent  
16 years, had been -- had been emphasized  
17 and called out.  
18 Q. So you don't recall ever  
19 giving an educational grant to any  
20 society specifically geared towards  
21 addressing the problem of NAS?  
22 MR. DAVIS: Objection to  
23 form.  
24 THE WITNESS: I don't, no.

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1 MR. LENISKI: I have no more  
2 questions at this time.  
3 VIDEO TECHNICIAN: Going off  
4 the record. The time is 7:23 p.m.  
5 - - -  
6 (Whereupon, a brief recess  
7 was taken.)  
8 - - -  
9 VIDEO TECHNICIAN: We're  
10 back on the record at 7:26 p.m.  
11 - - -  
12 EXAMINATION  
13 - - -  
14 BY MR. DAVIS:  
15 Q. Ms. Kitlinski, we're getting  
16 close. I've just got a few more  
17 questions for you that I hope will  
18 clarify some of the things that you  
19 testified to a bit earlier today.  
20 Do you recall discussing,  
21 during plaintiffs' examination,  
22 independent education?  
23 A. Yes.  
24 Q. What is independent

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1 education?  
2 A. So independent education is  
3 education that is designed to -- and  
4 conducted by a third party, typically a  
5 CE-accredited provider, to address  
6 clearly defined educational needs and  
7 knowledge gaps and practice gaps for  
8 clinicians in clinical practice.  
9 Q. Did Endo participate in any  
10 independent education?  
11 A. Endo provided unrestricted  
12 educational grants for independent  
13 education.  
14 And, as we were just  
15 referring to a short time ago, over the  
16 years, the standards for independent  
17 education evolved, and Endo always  
18 adhered to or exceeded the standards for  
19 independent education.  
20 So, for an example, we were  
21 talking about being able to suggest  
22 topics or potential therapeutic experts  
23 who might be appropriate faculty, if  
24 requested, for that information by the

<p style="text-align: right;">Page 478</p> <p>1 provider, that was in the early days.                  2       Currently, the ACCME                  3 standards do not -- do not permit any                  4 influence or input, even if asked, from                  5 the -- from an industry supported                  6 educational -- foreign industry-supported                  7 educational program.                  8       Q. What is the ACCME?                  9       A. The Accreditation Counseling                  10 Continuing Medical Education. It is the                  11 national accrediting body for CME, which                  12 is continuing medical education.                  13       They are the -- they set the                  14 gold standard, if you will, for what is                  15 independent education. And then other                  16 professional accreditors, so, for                  17 example, the American Nurses                  18 Credentialing Group or the American                  19 Academy of Family Physicians or the                  20 American Osteopathic Association, adopt                  21 those and agree to those standards so                  22 that all independent -- and including                  23 pharmacy, I didn't mean to leave them                  24 out, all of them follow those same</p>	<p style="text-align: right;">Page 480</p> <p>1 If I had a nickel for every time he said                  2 that, which is basically saying, even                  3 though the REMS is CE, even though                  4 industry is responsible for the REMS,                  5 even though the FDA is dictating it,                  6 there is no safe harbor that permits us                  7 to cross certain lines, because it is                  8 still, at the end of the day, accredited                  9 independent education.                  10       So they are much more than                  11 guidelines.                  12       Q. When you say "there is no                  13 safe harbor in REMS," what do you mean?                  14       A. Well, for an example, there                  15 could have been a possibility that                  16 someone said, hey, FDA has mandated that                  17 industry must support education for, you                  18 know, risk mitigation for opioids. CE is                  19 the type of education that is being                  20 utilized to accomplish that.                  21       And, you know, because the                  22 FDA was -- the blueprint was the work                  23 product of the FDA, there could have been                  24 a possibility that someone said, oh,</p>
<p style="text-align: right;">Page 479</p> <p>1 standards.                  2       Q. Do the ACCME standards --                  3 you referred to guidelines in the past.                  4       Are the standards you                  5 referred to the same as the ACCME                  6 guidelines?                  7       A. They are actually much more                  8 firm than guidelines. The correct, exact                  9 title is the, ACCME Standards for                  10 Commercial Support. And it's a, you                  11 know, trademarked document that they've                  12 published all over the website that                  13 they've cited in all of the literature                  14 that served as the basis -- for example,                  15 when you're talking about the REMS, which                  16 was sort of a unique collaboration                  17 between the FDA, industry and the ACCME,                  18 the ACCME was the arbiter of assuring                  19 that everything that was done, yes, it                  20 was at the behest of the FDA, but it also                  21 had to conform to the ACCME standards.                  22       As Marie Croppolo, who was                  23 the ACCME chief executive for years,                  24 said, there is no safe harbor for REMS.</p>	<p style="text-align: right;">Page 481</p> <p>1 well, you know, this is different, you                  2 know, we don't have to abide by those                  3 same -- those same criteria, those same                  4 standards for commercial support. And                  5 that was absolutely not the case.                  6       We had to abide by the FDA                  7 requirements and the statutory                  8 requirements and, at the same time, abide                  9 100 percent by the standards for                  10 commercial support for the ACCME.                  11       So it was charting a course                  12 that allowed us to not cross the line for                  13 an ACCME perspective and yet accomplish                  14 what FDA was expecting us to do.                  15       Q. Prior to Endo's involvement                  16 with the extended-release long-acting                  17 opioid REMS, did it comply with the ACCME                  18 guidelines -- the standards? I                  19 apologize.                  20       MS. AMINOLROAYA: Objection                  21 to form.                  22       THE WITNESS: Did Endo,                  23 you're asking?                  24 BY MR. DAVIS:</p>

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1 Q. Yes.  
2 A. Yes.  
3 Yes. Endo has always  
4 complied with the ACCME guidelines,  
5 regardless of what they were. And,  
6 again, even exceeded them, because we  
7 treated all independent education, even  
8 though it was not necessarily a CE  
9 accredited, as, you know, following those  
10 same -- those same standards.  
11 MS. AMINOLROAYA: Objection  
12 to form.  
13 BY MR. DAVIS:  
14 Q. Did you know if -- are you  
15 aware if the ACCME guidelines -- I'm  
16 sorry.  
17 Are you aware of the ACCME  
18 standards evolving over time?  
19 MS. AMINOLROAYA: Objection  
20 to form.  
21 THE WITNESS: Yes. The  
22 ACCME standards for commercial  
23 support did evolve over time.  
24 Prior to 2009, it was

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1 acceptable, as we said a few  
2 minutes ago, for -- you know, if  
3 the CE provider requested input --  
4 it was recognized that many times  
5 the medical and the educational  
6 folks in the company were very  
7 knowledgeable about certain  
8 aspects of their therapeutic area,  
9 and so they might know, for  
10 example, who a knowledgeable  
11 therapeutic expert would be or  
12 what topics were of interest to  
13 propose.  
14 And so if -- you know, prior  
15 to 2009, if the provider asked,  
16 you could respond to that request,  
17 as long as you gave multiple, you  
18 know, suggestions and you talked  
19 about the broad topics. You did  
20 not dictate content, you didn't,  
21 you know, develop the content.  
22 You were also provided -- you were  
23 also able to provide a courtesy  
24 medical review. Again, prior to

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1 2009.  
2 In 2009, those standards  
3 evolved so that, number one,  
4 organizations -- and these were,  
5 many times, large publishing  
6 organizations, such as Thomson,  
7 for example, who would, you know,  
8 previously be involved in CE but  
9 also, perhaps, have some  
10 responsibilities in industry on  
11 the promotional side of the  
12 business.  
13 Well, in 2009, it was  
14 hard-and-fast that these  
15 organizations had to make a  
16 decision; you needed to either  
17 engage in the accredited CE side  
18 of education, or you could  
19 participate in promotional  
20 activities with the companies or  
21 do promotional ad boards, things  
22 like that.  
23 And so that was a standard  
24 that evolved in 2009.

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1 BY MR. DAVIS:  
2 Q. Did the ACCME guidelines say  
3 anything about the content of independent  
4 education?  
5 MS. AMINOLROAYA: Objection  
6 to form.  
7 THE WITNESS: The content of  
8 independent education needs to be  
9 determined by -- and it's spelled  
10 out very clearly in the -- in the  
11 ACCME standards, needs to be  
12 determined by the faculty, the  
13 program development members, so  
14 there may be subject matter  
15 experts who aren't necessarily  
16 faculty, and the CE provider.  
17 They are responsible for  
18 developing that content and  
19 assuring that there's no conflicts  
20 of interest for any of the  
21 faculties who present that  
22 content.  
23 BY MR. DAVIS:  
24 Q. Do the ACCME guidelines say

<p style="text-align: right;">Page 486</p> <p>1 anything about the supporters of                  2 independent -- actually, do you know what                  3 a supporter of independent education is?                  4 A. Yes. A supporter of                  5 independent education is -- again, it                  6 could be anyone. But, typically, when                  7 we're having this conversation today,                  8 it's about an industry person --                  9 organization -- I'm sorry, an                  10 organization that is providing an                  11 unrestricted educational grant to a                  12 recipient that is the CE provider or the                  13 university that they're working with or                  14 the professional society to develop an                  15 educational -- independent educational                  16 activity.                  17 Q. When you -- you said -- the                  18 word "unrestricted" has come up, both                  19 during questioning from plaintiffs'                  20 counsel and also during our discussion.                  21 What does "unrestricted"                  22 mean in the context of independent                  23 education?                  24 A. So it's -- you know,</p>	<p style="text-align: right;">Page 488</p> <p>1 get the grant.                  2 Q. Do the ACCME guidelines                  3 speak to a supporter's ability to                  4 influence the content of the independent                  5 education its grant supports?                  6 MS. AMINOLROAYA: Objection                  7 to form.                  8 THE WITNESS: Again, as I                  9 said, currently there is no,                  10 absolutely no input or influence                  11 on the educational activities,                  12 unless, for example, a company or                  13 an organization issues an RFP, a                  14 request for proposals, or a                  15 request for application, some                  16 companies call them.                  17 So if there is a particular                  18 need -- so the REMS, for example,                  19 we had to issue an RFP that said,                  20 this is what FDA has decreed you                  21 need to cover in order for an                  22 educational activity to be REMS                  23 compliant.                  24 So in that case, we</p>
<p style="text-align: right;">Page 487</p> <p>1 sometimes people have a mistaken                  2 impression of that, that it means -- it's                  3 not unrestricted and, in fact, I can't                  4 remember who, some company refused, at                  5 first, to try to adopt that, because they                  6 said, well, you can go out and just have                  7 a big pizza party or something, right?                  8 No.                  9 What ACCME means by that is                  10 that you cannot dictate to -- the                  11 provisions of the grant are not                  12 contingent on the supporter dictating                  13 those. And so the recipient of the                  14 grant, whether that's the provider or the                  15 institution, has the unrestricted ability                  16 to determine that the education will be                  17 used in this appropriate way, based on                  18 what they propose in their grant                  19 proposal, based on what is approved by                  20 the grant committee.                  21 So it's unrestricted in that                  22 it's not tethered to some, you know, you                  23 have to talk about such and such or you                  24 have to address these issues or you don't</p>	<p style="text-align: right;">Page 489</p> <p>1 provided, you know, the -- here is                  2 the blueprint that the FDA has                  3 approved. We needed to address                  4 these audiences because these are                  5 the folks that FDA has identified                  6 as prescribing opioid analgesics,                  7 generally speaking.                  8 So to that -- to that --                  9 with that exception, if you have                  10 an RFP today, you do not have any                  11 input or influence over the                  12 content of the education.                  13 Again, in early days that                  14 was not the case. Those                  15 guidelines evolved over time,                  16 because they could have asked for                  17 your input and your -- and they                  18 weren't obligated to follow it,                  19 they never were. But they were                  20 able to ask and you were able to                  21 do a courtesy medical review.                  22 BY MR. DAVIS:                  23 Q. In what you're describing as                  24 the early days, was the -- who had the</p>

<p style="text-align: right;">Page 490</p> <p>1 final say over the content of the  2 independent education?  3 MS. AMINOLROAYA: Objection  4 to the form.  5 THE WITNESS: Whether it was  6 the early days or now, the final  7 say always rests with the CE  8 provider and the faculty. So that  9 did not ever change, even though,  10 you know, whether you could have  11 input did over time.  12 BY MR. DAVIS:  13 Q. Why did Endo support -- did  14 Endo support independent education?  15 A. Yes.  16 Q. Why did Endo support  17 independent education?  18 MS. AMINOLROAYA: Objection  19 to form.  20 THE WITNESS: We supported  21 independent education because, as  22 a company that was committed to  23 pain management, I spoke to some  24 of the rationale for that up</p>	<p style="text-align: right;">Page 492</p> <p>1 in participating.  2 BY MR. DAVIS:  3 Q. Are you familiar, Ms.  4 Kitlinski, with the Opana ER RiskMAP?  5 A. Yes.  6 Q. Does the Opana -- did the  7 Opana ER RiskMAP contain certain  8 obligations?  9 A. Yes. It was -- again, it  10 was a voluntary effort on Endo's behalf.  11 But we -- we went to the FDA  12 in advance of securing the approval for  13 Opana. We explained what types of --  14 and, again, I'll confine my comments to  15 the educational side of things.  16 So we discussed with the FDA  17 up front the types of educational  18 activities we would pursue, we showed  19 them examples. Because, you know, again,  20 we had been engaging in independent  21 education, and this is what we're talking  22 about. So it was very transparent. It  23 was very detailed about the types of  24 education we were going to pursue.</p>
<p style="text-align: right;">Page 491</p> <p>1 front, we wanted to make sure that  2 when clinicians -- we wanted to  3 have clinicians view education as  4 being relative to their practice  5 but also recognize it as being  6 unbiased and balanced. And so  7 that it was not advancing, for  8 example, a particular drug or a  9 particular modality.  10 And the best way of assuring  11 that -- and also, quite honestly,  12 if you are a busy clinician and  13 you are going to go to learn  14 something, you would want to  15 receive credit, you would want to  16 receive the accredited education  17 credit for the hour or two hours,  18 or whatever you spent there, as  19 opposed to just going to have, you  20 know -- it might still be good  21 education, but if you could get  22 credit for it, that was another  23 advantage to clinicians who are  24 busy these days being interested</p>	<p style="text-align: right;">Page 493</p> <p>1 And, in fact, the only  2 concern that I ever remember them raising  3 was, well, this is terrific, but if  4 you're not supposed to be able to control  5 content, how are you going to assure that  6 the education talks about and includes  7 adequate emphasis on opioid misuse and  8 abuse and addiction?  9 And so what we were able to  10 assure them of was that, in reviewing our  11 grants, we would assure that we would not  12 approve grants that were not focusing on  13 elements of misuse, abuse, addiction,  14 overdose, et cetera.  15 And so they were then  16 comfortable with that. They liked the  17 fact that it was a very comprehensive  18 activity and that it was not only  19 targeting, let's say, pain specialists  20 but also was going to reach out to  21 primary care physicians, nurse  22 practitioners, PAs, pharmacists, folks  23 who would be involved with all aspects of  24 touching a patient with pain, so that</p>

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1 they could help educate patients and  
2 caregivers, as well, on responsible pain  
3 management practices.  
4 Q. Prior to the finalization of  
5 the Opana ER RiskMAP, did FDA provide any  
6 other feedback regarding the proposed  
7 independent education that Endo intended  
8 to support?  
9 A. No, they -- I mean, they  
10 provided positive feedback saying that  
11 this was -- this was good, it was  
12 approved. And in -- in addition, they  
13 provided ongoing feedback, because it  
14 was -- on a periodic basis, I believe it  
15 was quarterly, we would provide a RiskMAP  
16 update report to apprise them of the  
17 progress that was being made and whether  
18 we were -- you know, again, even though  
19 it was a voluntary effort, whether we  
20 were on track with what we said we were  
21 going to do.  
22 And because things were  
23 added over time, new initiatives that --  
24 that we undertook.

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1 Q. Ms. Kitlinski, I'd like to  
2 show you what's been marked as  
3 Exhibit-50, please.  
4 A. Thank you.  
5 - - -  
6 (Whereupon, Endo-Kitlinski  
7 Exhibit-50,  
8 ENDO-OPIOID\_MDL-01769386-592, was  
9 marked for identification.)  
10 - - -  
11 MR. DAVIS: John, do you  
12 have a copy to hand down? Oh,  
13 yeah, we did this dance before,  
14 didn't we?  
15 BY MR. DAVIS:  
16 Q. So, Ms. Kitlinski, the  
17 document that's been marked Exhibit-50  
18 bears the Bates number  
19 ENDO-OPIOID\_MDL-01769386.  
20 Are you familiar with this  
21 document, Ms. Kitlinski?  
22 A. Yes.  
23 Q. What is this document?  
24 A. This is the -- this

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1 particular version is the September 2008  
2 quarterly RiskMAP update report, which  
3 covered the period from April 1st of 2008  
4 to June 30th of 2008.  
5 And this was produced within  
6 Endo and provided to the FDA to apprise  
7 them of our progress on these topics.  
8 And if there are -- also to identify any  
9 issues that might have arisen since the  
10 last risk management -- RiskMAP report.  
11 Q. Did this Exhibit-50 here,  
12 the RiskMAP update report from September  
13 3rd, 2008, relate only to the -- I guess,  
14 what is that, the second quarter of 2008?  
15 A. Yes. Period covering April  
16 1st to June 30th.  
17 Q. Did Endo ever submit any  
18 other RiskMAP update reports to FDA?  
19 A. Yes, on a quarterly basis.  
20 Q. Did these RiskMAP update  
21 reports generally follow the same format?  
22 A. We had a template, which we  
23 had worked out with -- you know, again,  
24 with the first submission to the agency

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1 so that it was uniform for them to follow  
2 along, and also so that we were very  
3 clear on who was -- you know, what fell  
4 under what section, who was responsible  
5 for that section and where new  
6 information on that could appear.  
7 Q. Did these RiskMAP update  
8 reports contain information regarding the  
9 continuing education that Endo supported  
10 during the quarter covered by each  
11 particular report?  
12 A. Yes.  
13 And, also, if new things  
14 were initiated. So it might have been  
15 that the activity was -- occurred then,  
16 or it might be that, let's say, they were  
17 developing new curriculum for one that  
18 would occur in the future.  
19 Q. Ms. Kitlinski, did FDA ever  
20 provide any feedback to Endo in response  
21 to its description of continuing  
22 education in the quarterly RiskMAP update  
23 reports?  
24 MS. AMINOLROAYA: Objection

<p style="text-align: right;">Page 498</p> <p>1 to form. You're asking, sorry, if 2 FDA provided feedback in the 3 RiskMAPs that Endo submitted? 4 MR. DAVIS: Let me ask it 5 again. 6 BY MR. DAVIS: 7 Q. Ms. Kitlinski, did Endo ever 8 provide any feedback -- did FDA -- I'll 9 get it right. 10 A. Three times is the charm. 11 Q. Ms. Kitlinski, did FDA ever 12 provide Endo with feedback regarding the 13 information that Endo provided in its 14 quarterly RiskMAP update reports 15 regarding the continuing education -- the 16 independent education that Endo 17 supported? 18 A. Not -- 19 MS. AMINOLROAYA: Objection. 20 THE WITNESS: Not to my 21 knowledge, with the exception of 22 making the comment that it was, 23 you know, a good, comprehensive 24 program. And, in fact, I can't</p>	<p style="text-align: right;">Page 500</p> <p>1 Q. Did FDA ever tell Endo that 2 the education it was supporting minimized 3 the risks of abuse or misuse of opioids? 4 MS. AMINOLROAYA: Same 5 objection. 6 THE WITNESS: No. 7 BY MR. DAVIS: 8 Q. Did FDA ever tell Endo that 9 the education it supported minimized the 10 risk of addiction associated with 11 opioids? 12 MS. AMINOLROAYA: Object to 13 form. 14 THE WITNESS: No. 15 BY MR. DAVIS: 16 Q. Did FDA ever tell Endo that 17 the education it supported minimized the 18 risk of overdose associated with opioids? 19 A. No. 20 MS. AMINOLROAYA: Objection. 21 BY MR. DAVIS: 22 Q. Does this -- does 23 Exhibit-50, the RiskMAP report from 24 September 3rd, 2008, Ms. Kitlinski,</p>
<p style="text-align: right;">Page 499</p> <p>1 recall if it was Doug 2 Throckmartin, or someone who was 3 associated with the development of 4 the REMS, had referred to our 5 educational -- our RiskMAP as one 6 that was very thorough. 7 And so I took that as a 8 compliment. 9 BY MR. DAVIS: 10 Q. Did FDA ever say that the 11 education that Endo was supporting was 12 not balanced? 13 A. No. Absolutely -- 14 MS. AMINOLROAYA: Objection 15 to form. 16 BY MR. DAVIS: 17 Q. Did Endo ever -- or did FDA 18 ever tell Endo that the education -- the 19 independent education that it was 20 supporting was biased in any way? 21 MS. AMINOLROAYA: Objection 22 to form. 23 THE WITNESS: No. 24 BY MR. DAVIS:</p>	<p style="text-align: right;">Page 501</p> <p>1 contain information regarding the 2 education supported by Endo during that 3 quarter? 4 A. Yes, it does. 5 Q. Can you describe for me 6 generally the types of education Endo 7 supported, the independent education Endo 8 supported during the second quarter of 9 2008, please? 10 A. Yes. And if you look, I'll 11 just -- rather than flipping through the 12 report, I'll just work from the table of 13 contents here. 14 You can see that it's broken 15 into several sections under education. 16 Number one, the professional education 17 initiatives. Again, those are the 18 independent education initiatives that 19 were supported through unrestricted 20 educational grants. 21 You'll see, then, there's 22 patient and -- and under that section, we 23 already discussed NIPC, so folks are 24 familiar with that.</p>

<p style="text-align: right;">Page 502</p> <p>1 We talked about the I-med --</p> <p>2 we didn't call it I-med, but it was the</p> <p>3 NIDA, National Institute on Drug Abuse,</p> <p>4 activity that was being coordinated by</p> <p>5 Penn State College of Medicine and NIDA.</p> <p>6 We talked about many of the</p> <p>7 collaborative efforts with the</p> <p>8 professional societies to have</p> <p>9 educational activities at their annual</p> <p>10 conferences.</p> <p>11 We talked about the</p> <p>12 residents/physician in training</p> <p>13 initiative.</p> <p>14 We spoke about painEDU,</p> <p>15 which was the Inflexxion website, and</p> <p>16 manual for clinicians.</p> <p>17 And then we spoke about the</p> <p>18 ACPE, accredited pharmacy education</p> <p>19 monographs.</p> <p>20 I think it's interesting you</p> <p>21 asked me about the evolution of things.</p> <p>22 In my capacity, one of my</p> <p>23 responsibilities at DuPont Merck was</p> <p>24 actually -- we were an accredited ACPE</p>	<p style="text-align: right;">Page 504</p> <p>1 activity. This was the Promise</p> <p>2 initiative, which was an Endo-developed</p> <p>3 activity for education.</p> <p>4 So that was the professional</p> <p>5 education.</p> <p>6 The patient and family</p> <p>7 education consisted of, we've talked</p> <p>8 about the Understanding Your Pain</p> <p>9 brochure. There was one on the -- that</p> <p>10 was not in this section, on pain rating,</p> <p>11 pain assessment inventory.</p> <p>12 So when you're going to your</p> <p>13 physician, how you can, you know, capture</p> <p>14 on the pain scale what your pain rating</p> <p>15 was, where the source of your pain was,</p> <p>16 descriptors for the pain.</p> <p>17 And then the Pain Action</p> <p>18 website, which had materials that could</p> <p>19 be downloaded, similar to those tear-pads</p> <p>20 that we were discussing for the state of</p> <p>21 Tennessee, you know, helping to educate</p> <p>22 families and caregivers on safe use and</p> <p>23 safe storage principles.</p> <p>24 And then beyond that, the</p>
<p style="text-align: right;">Page 503</p> <p>1 provider, so my activities there did</p> <p>2 involve directly working with the faculty</p> <p>3 and developing pharmacy education</p> <p>4 modules, maintaining the accreditation</p> <p>5 documents for that. And being, you know,</p> <p>6 in industry, you were ultra sure that you</p> <p>7 were not only adhering but, you know,</p> <p>8 exceeding those standards.</p> <p>9 So I had -- I know there was</p> <p>10 one area where someone was asking about a</p> <p>11 pharmacy monograph and the fact that we</p> <p>12 were, you know, being involved with that.</p> <p>13 And that was perfectly acceptable.</p> <p>14 We talked about the opioid</p> <p>15 handbooks; the principles of analgesic</p> <p>16 use; supporting the purchase of</p> <p>17 evidence-based guidelines.</p> <p>18 And then risk management</p> <p>19 information and tools for clinicians --</p> <p>20 I'll just refresh my memory on what</p> <p>21 specifically that was that we hadn't</p> <p>22 already talked about.</p> <p>23 Oh, this was -- this was</p> <p>24 actually not an independent educational</p>	<p style="text-align: right;">Page 505</p> <p>1 other area that we supported through</p> <p>2 educational grants was the development of</p> <p>3 psychometrically validated tools to help</p> <p>4 assess patients who were being considered</p> <p>5 for opioid therapy, that would be the</p> <p>6 SOAPP tool, or who were already on opioid</p> <p>7 therapy to manage them and to assure that</p> <p>8 their risks were mitigated; so that was</p> <p>9 SOAPP and CON.</p> <p>10 So those were the types of</p> <p>11 activities that were in our RiskMAP.</p> <p>12 Q. In addition to listing all</p> <p>13 of those educational activities in the</p> <p>14 table of contents, does this RiskMAP</p> <p>15 report from September of 2008 contain any</p> <p>16 further information about those</p> <p>17 educational activities?</p> <p>18 A. It has a summary for each of</p> <p>19 those. I mean, in the purposes of time,</p> <p>20 I just gave you my one-word CliffsNote</p> <p>21 version of it.</p> <p>22 But each of those areas</p> <p>23 would have a paragraph, two paragraphs or</p> <p>24 longer, describing what was relative for</p>

<p style="text-align: right;">Page 506</p> <p>1 that quarter.</p> <p>2 Q. Did you review other</p> <p>3 quarterly RiskMAP update reports, other</p> <p>4 than this one from September 2008, Ms.</p> <p>5 Kitlinski?</p> <p>6 MS. AMINOLROAYA: Objection</p> <p>7 to the form.</p> <p>8 THE WITNESS: I --</p> <p>9 MS. AMINOLROAYA: Can we</p> <p>10 specify what time period the</p> <p>11 question relates to?</p> <p>12 MR. DAVIS: During the</p> <p>13 course of the RiskMAP.</p> <p>14 THE WITNESS: Yes. We would</p> <p>15 do this on a quarterly basis. So</p> <p>16 once a quarter I would prepare my</p> <p>17 sections, I would submit it to the</p> <p>18 regulatory team. They would</p> <p>19 incorporate the other sections</p> <p>20 from the other departments and</p> <p>21 produce the final version like</p> <p>22 we're looking at here.</p> <p>23 BY MR. DAVIS:</p> <p>24 Q. Did the other RiskMAP,</p>	<p style="text-align: right;">Page 508</p> <p>1 BY MR. DAVIS:</p> <p>2 Q. In response to any of the</p> <p>3 quarterly RiskMAP update reports, did FDA</p> <p>4 ever tell Endo to stop supporting any</p> <p>5 particular educational activity?</p> <p>6 A. No.</p> <p>7 MS. AMINOLROAYA: Objection</p> <p>8 to form.</p> <p>9 BY MR. DAVIS:</p> <p>10 Q. Ms. Kitlinski, does the --</p> <p>11 did the RiskMAP -- I know you talked to</p> <p>12 this a second ago -- you can set that</p> <p>13 aside if you'd like.</p> <p>14 Does the Opana ER -- did the</p> <p>15 Opana ER RiskMAP cover other areas beyond</p> <p>16 independent education?</p> <p>17 A. Yes.</p> <p>18 Q. Did you have responsibility</p> <p>19 for those areas?</p> <p>20 A. No, I did not.</p> <p>21 Q. Were there others at Endo</p> <p>22 that had responsibility for those areas?</p> <p>23 A. Yes. So the individuals in</p> <p>24 each department would produce their</p>
<p style="text-align: right;">Page 507</p> <p>1 quarterly RiskMAP reports that you</p> <p>2 reviewed, contain a similar number of</p> <p>3 educational activities?</p> <p>4 A. Yes. We are always</p> <p>5 committed to a very robust risk</p> <p>6 mitigation strategy. That's why we</p> <p>7 developed this in the first place.</p> <p>8 That's why we did it, even though it</p> <p>9 wasn't required.</p> <p>10 Q. Did FDA ever respond to any</p> <p>11 of the quarterly RiskMAP update</p> <p>12 reports -- let me ask a better question.</p> <p>13 In response to any of the</p> <p>14 RiskMAP update reports, did FDA ever ask</p> <p>15 Endo to support different educational</p> <p>16 activities?</p> <p>17 A. No. We did not --</p> <p>18 MS. AMINOLROAYA: Object to</p> <p>19 form.</p> <p>20 THE WITNESS: Until the REMS</p> <p>21 came out, in which case that</p> <p>22 applied to not just Endo, but the</p> <p>23 REMS, you know, applied to</p> <p>24 everyone.</p>	<p style="text-align: right;">Page 509</p> <p>1 section of the report, and it would be</p> <p>2 compiled by the regulatory department.</p> <p>3 Q. Do you know whether -- and,</p> <p>4 Ms. Kitlinski, you just referenced the</p> <p>5 REMS.</p> <p>6 A. Yes.</p> <p>7 Q. Did Endo -- did the REMS --</p> <p>8 were you referring to the</p> <p>9 extended-release long-acting opioid REMS?</p> <p>10 A. Yes, that's correct.</p> <p>11 Q. And does -- I'll just refer</p> <p>12 to that as the REMS for now.</p> <p>13 A. Yes.</p> <p>14 Q. Did the REMS contain an</p> <p>15 educational component?</p> <p>16 A. Yes, it did. They call it</p> <p>17 training in the REMS language, but we</p> <p>18 worked through that with them so they</p> <p>19 understood it was education and we</p> <p>20 understood it was training, and we used</p> <p>21 the words, you know, education/training.</p> <p>22 Q. Did Endo continue to support</p> <p>23 independent education following the</p> <p>24 implementation of the REMS?</p>

<p style="text-align: right;">Page 510</p> <p>1 MS. AMINOLROAYA: Objection  2 to form.  3 THE WITNESS: We did for a  4 period of time. And then there  5 were concerns that by -- so I'll  6 step back for a second.  7 The REMS, besides requiring  8 education, established goals of  9 how many -- they called them  10 completers, how many clinicians  11 needed to have completed training,  12 their word, on the full blueprint  13 in order to count towards the REMS  14 goals.  15 So the FDA had very strict  16 goals of what was required within,  17 you know, the first year of the  18 REMS being available and the  19 second year, et cetera.  20 And because of the length of  21 the -- the length of the  22 blueprint, which, therefore,  23 dictated the length of the CE  24 activities, many of them were</p>	<p style="text-align: right;">Page 512</p> <p>1 confusion that if you were a  2 practicing clinician and you  3 participated in this activity that  4 was three hours long and talked  5 about the safer use of opioids,  6 you would have considered that you  7 can -- completed, you know,  8 appropriate education on opioids.  9 You would not be likely to then  10 sit through another three hours of  11 REMS-compliant training.  12 And so that was one of the  13 big things we learned up front was  14 clinicians don't know or care what  15 REMS means; if you talk about safe  16 use of opioids, they'll be  17 interested in that. If you say  18 you should go to this because it's  19 an FDA REMS-mandated activity,  20 they probably care less.  21 So we tried to not dilute  22 the pool of physicians and  23 clinicians who were willing to,  24 you know, participate in the REMS</p>
<p style="text-align: right;">Page 511</p> <p>1 three hours long, two and-a-half  2 hours, three hours, even a little  3 bit longer than that. There  4 was -- you know, clinicians are  5 busy and, again, were not  6 necessarily standing in line to  7 give up three or four hours of  8 their time to participate in an  9 educational activity, albeit CE  10 accredited, and albeit one of key  11 importance.  12 So what we realized after  13 the first year was that we were  14 potentially -- because there was a  15 lot of -- if there was other  16 opioid education, so, for example,  17 NIDA, I remember having a  18 discussion with NIDA, who had done  19 a Medscape activity talking about  20 the responsible use of opioid  21 analgesics, and it was three hours  22 long, again, which was similar to  23 the REMS.  24 So there was a lot of</p>	<p style="text-align: right;">Page 513</p> <p>1 education, because that was  2 mandatory for us because we had  3 goals that we had to meet.  4 And so while we were trying  5 to do the right thing by offering  6 greater diversity of education, it  7 became apparent that that was  8 having a potential negative effect  9 on people participating on the  10 REMS.  11 BY MR. DAVIS:  12 Q. At that point, did Endo  13 continue to support independent education  14 through its participation in REMS?  15 A. Yes, we did.  16 Q. Did FDA -- were you aware of  17 whether the REMS consortium shared any  18 information with FDA?  19 A. With regards to the progress  20 on the REMS, is that what you're  21 referring to?  22 Q. I'm specifically talking  23 about the content of the education  24 supported by the REMS consortium.</p>

<p style="text-align: right;">Page 514</p> <p>1 MS. AMINOLROAYA: Objection                  2 to form.                  3 THE WITNESS: So the RPC,                  4 the REMS program companies,                  5 provided a -- again, a report, a                  6 periodic report to the FDA, the                  7 first ones were shorter periods of                  8 time, the others were, you know,                  9 24, 36 months, et cetera, advising                  10 them of the progress, in terms of                  11 the metrics, the REMS metrics,                  12 where we stood with regard to the                  13 goals they had determined, where                  14 we stood with regards to the                  15 evaluations, you know, we were                  16 talking about the fact that                  17 education -- accredited education                  18 needs to have a metric for                  19 determining whether you've                  20 accomplished -- whether the CE                  21 provider has accomplished the                  22 goals they set out to do.                  23 So all of that information                  24 was communicated periodically in a</p>	<p style="text-align: right;">Page 516</p> <p>1 requirement to have a realtime website                  2 that would list -- and it was searchable,                  3 if you were a primary care physician in                  4 Pennsylvania and you were looking to                  5 participate in a REMS education activity,                  6 you would be able to do a keyword search                  7 and find either live or online activities                  8 that were, you know, aligned with your                  9 interests.                  10 So the FDA received regular                  11 updates on that as well.                  12 Q. Ms. Kitlinski, did Endo                  13 exercise any control over the content of                  14 the independent education it supported                  15 through the RiskMAP?                  16 MS. AMINOLROAYA: Objection                  17 to form.                  18 THE WITNESS: Through the --                  19 through the RiskMAP?                  20 BY MR. DAVIS:                  21 Q. Yes.                  22 A. Again, Endo did not                  23 contribute -- control, exert influence or                  24 control the content because, ultimately,</p>
<p style="text-align: right;">Page 515</p> <p>1 very lengthy report to the FDA.                  2 BY MR. DAVIS:                  3 Q. Did the FDA ever provide                  4 direction to the REMS program companies                  5 about the types of independent education                  6 those companies should be supporting                  7 through their participation in REMS?                  8 A. No. They were part of the                  9 discussions of what the intent was. And                  10 it was emphasized that it was to reach a                  11 broad audience of especially primary care                  12 providers.                  13 They knew how, in fact, we                  14 had sent the request for proposal, the                  15 draft, to them in advance of putting it                  16 out there to the CE community to make                  17 sure that they knew what we were asking                  18 for and to make sure that it was aligned                  19 with their expectations.                  20 And they received reports                  21 from the REMS companies, for example,                  22 after each grant cycle saying, these are                  23 the grants that have been -- have been                  24 approved. Part of the REMS was the</p>	<p style="text-align: right;">Page 517</p> <p>1 that resided with the CE provider and                  2 with the faculty and the program                  3 development team.                  4 I do say, as I said before,                  5 in the early days, when appropriate and                  6 compliant with the guidelines, when                  7 asked, we did provide input on broad                  8 topics, potential faculty who were -- who                  9 were therapeutic experts or a courtesy                  10 medical review for looking for medical                  11 accuracy regarding our information.                  12 Q. In those early days, would                  13 Endo provide specific content related to                  14 the broad topics it had offered?                  15 A. No.                  16 Q. Did Endo exert any control                  17 over the content of the independent                  18 education supported through REMS?                  19 MS. AMINOLROAYA: Objection                  20 to form.                  21 THE WITNESS: No. And                  22 the -- again, I'll preface this,                  23 since this whole REMS was a little                  24 bit of a different -- sort of a</p>

<p style="text-align: right;">Page 518</p> <p>1 different animal, part of the REMS                  2 blueprint, which FDA did require                  3 each company to submit, was --                  4 Section 6 of the REMS blueprint                  5 was product-specific information                  6 on each of the ERLA opioid REMS                  7 products.                  8 So, for example, for Endo,                  9 Opana ER, we were required to                  10 submit a one-page summary of                  11 contraindications, warning,                  12 dosage, any particular risk issues                  13 that were in the labeling so that                  14 if a clinician was going to                  15 prescribe any one of the ERLA                  16 opioids, they could look at                  17 Section 6 and they could know what                  18 the sort of relevant issues were                  19 for that particular drug, as                  20 opposed to for the class.                  21 And so that we were asked to                  22 provide -- our regulatory and our                  23 R&amp;D teams provided that to the                  24 FDA. The FDA, again, made sure</p>	<p style="text-align: right;">Page 520</p> <p>1 you went through during the course of                  2 plaintiffs' examination.                  3 Can we start with                  4 Exhibit-35, please? And this is, again,                  5 just for the record, Bates labeled                  6 ENDO-OPIOID_MDL-06234029.                  7 Do you recall discussion of                  8 this document, Ms. Kitlinski?                  9 A. Yes.                  10 Q. And what is this document?                  11 A. This was a -- an update from                  12 the American Pain Foundation to Endo                  13 about its -- when John Giglio took over                  14 the responsibilities there, the overview                  15 of the American Pain Foundation, what                  16 some of their recent accomplishments                  17 were, where they were heading in the                  18 future.                  19 Q. Do you recall questions                  20 about Endo's support for the recent APF                  21 accomplishments described in this                  22 document?                  23 A. I do, yes.                  24 Q. And do you see that sentence</p>
<p style="text-align: right;">Page 519</p> <p>1 that it was appropriately vetted                  2 through their own internal                  3 organization and consistent with                  4 the labeling, and also that it was                  5 vetted through the DHHS, HHS,                  6 NIDA, SAMSA folks who were also                  7 reviewing everything.                  8 So, again, that was the work                  9 product of the FDA, which was what                  10 the blueprint was, but we did have                  11 that -- that responsibility to                  12 present that one-page synopsis on                  13 our particular products.                  14 BY MR. DAVIS:                  15 Q. Separate and apart from that                  16 one-page synopsis, did Endo exert any                  17 control over the independent education                  18 supported through REMS?                  19 A. No.                  20 MS. AMINOLROAYA: Objection                  21 to form.                  22 BY MR. DAVIS:                  23 Q. Ms. Kitlinski, I'd like to                  24 ask you about a few of the documents that</p>	<p style="text-align: right;">Page 521</p> <p>1 on the second page of this document?                  2 A. With support -- Page 2 here,                  3 With support from Endo?                  4 Q. Yes.                  5 A. Yes.                  6 Q. Was Endo the only funder of                  7 APF's recent accomplishments?                  8 A. No. As I pointed out when                  9 we were going through the brochure itself                  10 as well, there were many other funders,                  11 both industry and nonindustry supporters.                  12 Q. Do you recall plaintiffs'                  13 counsel asking you about the patient                  14 education materials described on Page 3                  15 of the document?                  16 A. Yes.                  17 Q. Were those patient education                  18 materials the only recent APF                  19 accomplishments described in this letter?                  20 A. No. As you can see, there                  21 were at least a page of accomplishments,                  22 talking about education, as well as their                  23 work in the field of pain management and                  24 advocacy.</p>

<p style="text-align: right;">Page 522</p> <p>1 Q. You just said "pain                  2 management" there, Ms. Kitlinski.                  3 Does that mean opioids?                  4 A. Opioids are one element of                  5 pain management. But what American Pain                  6 Foundation, and all of the other national                  7 pain organizations, are committed to,                  8 unless it was a specific one like the                  9 Varicella Zoster Foundation, which was                  10 only associated with that particular area                  11 of pain, but for the majority, the                  12 American Chronic Pain Association, the                  13 National Pain Foundation, the ACPA, all                  14 of the professional organizations, their                  15 goal was much broader. It was for                  16 correct and appropriate assessment of                  17 patients, assuring that patients were                  18 able to describe their needs to their                  19 clinicians, assuring that clinicians had                  20 access to a broad spectrum of analgesic                  21 modalities, whether they be                  22 pharmacologic, nonpharmacologic, you                  23 know, combination, multimodal therapies,                  24 all of those.</p>	<p style="text-align: right;">Page 524</p> <p>1 exit strategy so that the patient                  2 understood this was a trial.                  3 Q. Let's look at one of the                  4 patient education materials referred to                  5 in this APF document. It's Exhibit-36.                  6 And that bears the Bates number                  7 CHI000435580.                  8 Do you recall discussing                  9 this document with plaintiffs' counsel,                  10 Ms. Kitlinski?                  11 A. Yes.                  12 Q. And what is this document?                  13 A. Again, this is a,                  14 quote/unquote, pain action guide, a                  15 brochure that was developed by the                  16 American Pain Foundation talking about                  17 the -- again, pain in general, as we've                  18 been discussing all day, that there are                  19 two concomitant public health situations.                  20 One is chronic pain and the other is the                  21 public health situation associated with                  22 abuse and misuse of opioid analgesics.                  23 This was to give information                  24 to patients that they could discuss with</p>
<p style="text-align: right;">Page 523</p> <p>1 So that's what pain                  2 management is when I use that term. And                  3 certainly opioids is one element of that.                  4 Q. But just one element, right?                  5 A. Yes. And certainly not the                  6 first element. All of the -- I know that                  7 there were some sentences or bullet                  8 points that pointed out today about                  9 opioids and, perhaps, someone might have                  10 mistakenly believed that that was the                  11 first alternative that was recommended in                  12 all of these educational materials,                  13 whether they were independent or                  14 otherwise.                  15 And, indeed, without                  16 exception, they all indicated that opioid                  17 should be used when other modalities have                  18 failed to provide sufficient pain relief                  19 or when there are untoward issues which                  20 necessitated adding an opioid or                  21 considering adding an opioid.                  22 And, again, in all                  23 instances, the education emphasized the                  24 need, right from the get-go, of having an</p>	<p style="text-align: right;">Page 525</p> <p>1 their families and their caregivers.                  2 Sort of simple lay language like, what                  3 can I do? Talk to your doctor and nurse                  4 about pain. It's a common medical                  5 problem that requires attention, so you                  6 shouldn't be ashamed to talk about it.                  7 Tell your doctor or nurse where it hurts                  8 so they can help localize it. Describe                  9 how much your pain hurts. So it was                  10 practical, lay language that could be                  11 utilized.                  12 And resources. Keep a pain                  13 diary. You know, use a pain rating                  14 scale. That type of thing.                  15 Q. Do you recall plaintiffs                  16 asking you questions about this document?                  17 A. I recall us -- I recall us                  18 talking about the document. And I know                  19 that we asked at least one question on                  20 it.                  21 Q. How many pages is this                  22 document?                  23 A. It looks like 14.                  24 Q. How many pages did</p>

<p style="text-align: right;">Page 526</p> <p>1 plaintiffs ask you about?</p> <p>2 A. I believe it was one point</p> <p>3 on one page.</p> <p>4 Q. Okay. They did not ask you</p> <p>5 about the whole document, did they?</p> <p>6 A. No.</p> <p>7 Q. They did not ask you about</p> <p>8 anything other than this one point on</p> <p>9 Page 6, correct?</p> <p>10 A. Yes, that's correct.</p> <p>11 Q. Okay. They didn't ask you</p> <p>12 about, for example, on Page 10,</p> <p>13 suggestions to ask your doctor or nurse</p> <p>14 about nondrug, nonsurgical treatments,</p> <p>15 did they?</p> <p>16 A. No.</p> <p>17 Q. Did they ask you questions</p> <p>18 about the suggestion that a patient ask</p> <p>19 their doctor or nurse about ways to relax</p> <p>20 and cope with pain?</p> <p>21 A. No.</p> <p>22 Q. Okay. You can set that one</p> <p>23 aside.</p> <p>24 Let's look at Exhibit-40,</p>	<p style="text-align: right;">Page 528</p> <p>1 asking you about any slide other than the</p> <p>2 top slide on the page that bears the</p> <p>3 Bates number ending 8066?</p> <p>4 A. No, I do not. It was -- the</p> <p>5 pseudoaddiction was the only point that</p> <p>6 they raised out of this.</p> <p>7 Q. Did they -- did plaintiffs</p> <p>8 ask you about, if you flip to the</p> <p>9 beginning, about the agenda for the</p> <p>10 fundamentals of pain management program?</p> <p>11 A. No.</p> <p>12 Q. Do all of the sessions</p> <p>13 described over the several days of this</p> <p>14 program relate to opioids?</p> <p>15 A. Not by a long shot, no.</p> <p>16 There is one session on pain</p> <p>17 pharmacology -- well, first of all, to</p> <p>18 take a step back. It's not even that</p> <p>19 there are -- the whole sessions relate to</p> <p>20 pharmacologic therapy. It talks about</p> <p>21 assessment and physical exam and taking a</p> <p>22 history.</p> <p>23 And then there is one</p> <p>24 session on pain pharmacology presented by</p>
<p style="text-align: right;">Page 527</p> <p>1 please. And this exhibit bears the Bates</p> <p>2 number ENDO-OPIOID_MDL-05968029.</p> <p>3 Ms. Kitlinski, do you recall</p> <p>4 this document?</p> <p>5 A. Yes. This was part of the</p> <p>6 syllabus from the American Pain Society</p> <p>7 residents course.</p> <p>8 Q. Let's flip to the primer and</p> <p>9 the syllabus.</p> <p>10 Just ballpark, how many</p> <p>11 pages is this syllabus?</p> <p>12 A. It looked about 50 pages,</p> <p>13 printouts.</p> <p>14 Q. And many of the pages</p> <p>15 contain -- do many of the pages contain</p> <p>16 more than one slide?</p> <p>17 A. There are generally three</p> <p>18 slides, three up on each page; so 150</p> <p>19 slides, approximately.</p> <p>20 Q. Do you recall how many of</p> <p>21 these slides plaintiffs asked you about?</p> <p>22 A. I do not, but I believe it</p> <p>23 was a limited number.</p> <p>24 Q. Do you recall plaintiffs</p>	<p style="text-align: right;">Page 529</p> <p>1 Dr. Barry Kohl, after the pain</p> <p>2 pharmacology of nonopioid analgesics is</p> <p>3 presented by Dr. Argoff.</p> <p>4 There is also, on the second</p> <p>5 day, the assessment and management of</p> <p>6 aberrant behaviors associated with</p> <p>7 analgesic use.</p> <p>8 So those are the only --</p> <p>9 unless I'm missing, my guess here, the</p> <p>10 only opioid-related courses. And</p> <p>11 methadone, I'm sorry, the devil is in the</p> <p>12 details, sort of discussing the dosing</p> <p>13 challenges and the very variable and</p> <p>14 extended half-life of that drug.</p> <p>15 Q. Did plaintiffs ask you about</p> <p>16 any of the nonopioid-related sessions for</p> <p>17 the fundamentals of pain management</p> <p>18 section?</p> <p>19 A. No.</p> <p>20 Q. Did they ask you about any</p> <p>21 of the other many slides contained in</p> <p>22 this document, other than the one that we</p> <p>23 just referenced?</p> <p>24 A. No.</p>

<p style="text-align: right;">Page 530</p> <p>1 Q. You can set that one aside, 2 Ms. Kitlinski. 3 I'd like you to look at 4 Exhibit-42, please, if you would. This 5 document bears a number of Bates numbers, 6 but I'll go with the one at the bottom, 7 which is, I think, the one cited in the 8 record thus far, which is PYK181215547. 9 Do you recall this document, 10 Ms. Kitlinski? 11 A. Yes. 12 Q. What is this document? 13 A. This is the guideline for 14 osteoarthritis, rheumatoid arthritis and 15 juvenile chronic arthritis that was 16 developed by the American Pain Society in 17 2002. 18 Q. And did plaintiffs ask you 19 about any of the content of this 20 document? 21 A. I don't believe so. We read 22 it up -- and we were talking about it -- 23 about guidelines, but I don't believe 24 that we actually delved into any of the</p>	<p style="text-align: right;">Page 532</p> <p>1 Tramadol is an atypical agent, but could 2 be characterized as an opioid as well. 3 So there might be four pages there. 4 Q. And how many pages is this 5 guideline? 6 A. It looks to be about 131, 7 plus the appendices and index. 8 Q. And was this an APS 9 guideline? 10 A. Yes. 11 Q. When I say "APS," do you 12 understand me to mean the American Pain 13 Society? 14 A. The American Pain Society, 15 yes. 16 Q. And do you have an 17 understanding of the American Pain 18 Society's objectives? 19 MS. AMINOLROAYA: Objection 20 to form. 21 THE WITNESS: Well, I 22 believe they -- they lay it out 23 here in the preface, which is 24 intending -- they convened an</p>
<p style="text-align: right;">Page 531</p> <p>1 content here. 2 Q. And does -- do these 3 guidelines address topics other than 4 opioids? 5 A. Yes, very much so. Again, 6 pain assessment and the overview of the 7 pathophysiology associated with these 8 various disease -- arthritic types of 9 diseases. 10 Certainly, the, you know, 11 first line therapy for OA is -- are not 12 opioids; Tylenol, NSAIDs, et cetera. So 13 this goes through the -- goes through the 14 analgesics component here, starting on 15 Page 54, talking about analgesics, 16 acetaminophen, nonsteroidals, topical 17 agents, hyaluronic acid, et cetera, 18 DMARDs. 19 And then there is, it looks 20 like, three pages on opioids, the first 21 of which is addiction, physical 22 dependence and tolerance. One page on 23 the effectiveness and use of opioids. 24 And then one page on opioid dosing.</p>	<p style="text-align: right;">Page 533</p> <p>1 arthritis pain management panel 2 over the course of two years, with 3 all of the top therapeutic experts 4 in rheumatology, and they worked 5 with -- and orthopedic surgeons as 6 well, and developed this 7 interdisciplinary panel of experts 8 who were -- then provided the 9 recommendations for this 10 guideline. 11 So that it incorporated all 12 of the -- not just pain 13 specialists, but all the 14 specialists who manage arthritic 15 pain. 16 BY MR. DAVIS: 17 Q. You can set that aside, Ms. 18 Kitlinski. 19 Will you look at Exhibit-43, 20 please? And this bears the Bates number 21 END00051370. 22 Do you recall this document, 23 Ms. Kitlinski? 24 A. Yes, I do.</p>

<p style="text-align: right;">Page 534</p> <p>1 Q. What is this document?</p> <p>2 A. This is the handbook</p> <p>3 entitled, Responsible Opioid Prescribing,</p> <p>4 a Physician's Guide, that was authored by</p> <p>5 Scott Fishman, Dr. Scott Fishman, and</p> <p>6 distributed -- made available through the</p> <p>7 Federation of State Medical Boards.</p> <p>8 Q. How many pages is this</p> <p>9 document, Ms. Kitlinski?</p> <p>10 A. It looks to be about 125</p> <p>11 pages.</p> <p>12 Q. Do you recall plaintiffs</p> <p>13 asking you questions about this document?</p> <p>14 A. We did look at one point in</p> <p>15 here.</p> <p>16 Q. Do you recall how many pages</p> <p>17 they asked you questions about?</p> <p>18 A. I know it was at least one.</p> <p>19 I'm sorry, I don't.</p> <p>20 Q. Okay. Let's look at Page</p> <p>21 28, please, of the actual book copy, not</p> <p>22 the number up top, sorry.</p> <p>23 A. That's all right.</p> <p>24 Q. Do you recall -- do you see</p>	<p style="text-align: right;">Page 536</p> <p>1 Q. And what are those public --</p> <p>2 important public health trends described</p> <p>3 by this book?</p> <p>4 A. Well, this is a really, I</p> <p>5 think, appropriate way of depicting here</p> <p>6 the twin serpents in the caduceus,</p> <p>7 right? So you've got the public health</p> <p>8 trend of the shifting patterns of drug</p> <p>9 abuse from illicit to prescription drugs,</p> <p>10 a notable rise in diversion and</p> <p>11 nonmedical use of opioid pain</p> <p>12 medications, and then on the flip side of</p> <p>13 it, the attention that pain in general,</p> <p>14 chronic pain, is often undertreated or</p> <p>15 undiagnosed.</p> <p>16 And so it's, as the author</p> <p>17 puts it, the perfect storm, if you will,</p> <p>18 of clinicians needing to manage those</p> <p>19 dual public health crises in a reasonable</p> <p>20 way.</p> <p>21 Q. Does this language recognize</p> <p>22 the risk associated with opioid</p> <p>23 analgesics?</p> <p>24 MS. AMINOLROAYA: Objection</p>
<p style="text-align: right;">Page 535</p> <p>1 the --</p> <p>2 A. Oh, yes.</p> <p>3 Q. -- do you recall plaintiffs</p> <p>4 asking you about any other section of</p> <p>5 this book besides that one paragraph on</p> <p>6 Page 28?</p> <p>7 A. No. It was about patient --</p> <p>8 about clinicians being sued for not</p> <p>9 treating pain aggressively.</p> <p>10 Q. Will you look at Page 5 of</p> <p>11 the book, please, Ms. Kitlinski?</p> <p>12 A. Page 1 of the actual book,</p> <p>13 Page 5 of --</p> <p>14 Q. I'm sorry, I'm going by the</p> <p>15 book numbers. So it's the page that</p> <p>16 reads, Introduction, pharmacovigilance</p> <p>17 and good medicine.</p> <p>18 A. Got it. Yes.</p> <p>19 Q. Are you familiar with the</p> <p>20 language on this page?</p> <p>21 A. Yes.</p> <p>22 Q. Does this language speak to</p> <p>23 important public health trends?</p> <p>24 A. Yes, it does.</p>	<p style="text-align: right;">Page 537</p> <p>1 to form.</p> <p>2 THE WITNESS: Absolutely.</p> <p>3 BY MR. DAVIS:</p> <p>4 Q. And what does it say about</p> <p>5 the risk of opioid analgesics?</p> <p>6 A. Again, it goes into the fact</p> <p>7 that, you know, clinicians need to be</p> <p>8 sensitive to and knowledgeable about</p> <p>9 pharmacovigilance and risk management.</p> <p>10 It says the combination of</p> <p>11 the potential of therapeutic benefit but</p> <p>12 the high risk associated with opioid</p> <p>13 analgesics leaves them no alternative but</p> <p>14 to become more sophisticated risk</p> <p>15 managers in their patients.</p> <p>16 Q. Did plaintiffs --</p> <p>17 A. And so -- and it states</p> <p>18 explicitly that, we cannot ignore the</p> <p>19 potential risks associated with the use</p> <p>20 of controlled substance, including</p> <p>21 addiction, and that managing risk is</p> <p>22 something that clinicians do in their</p> <p>23 everyday clinical practice.</p> <p>24 Q. Did plaintiffs ask you any</p>

<p style="text-align: right;">Page 538</p> <p>1 questions about that language?</p> <p>2 A. No.</p> <p>3 Q. Ms. Kitlinski, we're close.</p> <p>4 We're close. I know you've been sitting</p> <p>5 here for a long time.</p> <p>6 A. And I -- may I just make one</p> <p>7 additional comment?</p> <p>8 Q. Please. Please.</p> <p>9 A. One of the -- I think the</p> <p>10 greatest impact of this particular tool</p> <p>11 was in the foreward, which was authored</p> <p>12 by James Thompson, who was the president</p> <p>13 of the Federation of State Medical</p> <p>14 Boards, and his comment here that says,</p> <p>15 you know, Patients in pain who rely on</p> <p>16 opioids for analgesia deserve access to</p> <p>17 safe and effective medication; to deprive</p> <p>18 them of this pain relief certainly does</p> <p>19 them harm. Yet, these same</p> <p>20 life-restoring medications carry the</p> <p>21 potential to do grave harm to patients</p> <p>22 who may be at risk for addiction and</p> <p>23 abuse. Significant quantities of</p> <p>24 prescription opioids are diverted into</p>	<p style="text-align: right;">Page 540</p> <p>1 A. Yes.</p> <p>2 Q. Ms. Kitlinski, we saw a few</p> <p>3 documents earlier today that contained</p> <p>4 the phrase -- it might have just been two</p> <p>5 documents, contained the phrase "ROI."</p> <p>6 Do you recall those?</p> <p>7 A. Yes.</p> <p>8 Q. Do you have an understanding</p> <p>9 as to what ROI is generally?</p> <p>10 A. Well, I understand what ROI</p> <p>11 generally is in the noneducation field.</p> <p>12 It's the ability to determine what the</p> <p>13 return on investment is for a given</p> <p>14 initiative.</p> <p>15 Q. Did Endo ever conduct any</p> <p>16 return on investment with respect to any</p> <p>17 of its opioid -- any of the</p> <p>18 opioid-related independent education it</p> <p>19 supported?</p> <p>20 A. No. It would be</p> <p>21 inappropriate to do so.</p> <p>22 And, you know, return on --</p> <p>23 ROI is not the same as discussing a</p> <p>24 return on education, in terms of, you</p>
<p style="text-align: right;">Page 539</p> <p>1 the illegal black market that puts</p> <p>2 millions of nonmedical, quote,</p> <p>3 recreational users at risk of addiction</p> <p>4 and death, many of them young adults and</p> <p>5 teenagers. While very few</p> <p>6 clinicians/physicians are complicit in</p> <p>7 this criminal diversion and there are no</p> <p>8 proven methods from preventing patients</p> <p>9 from deceptively acquiring prescriptions,</p> <p>10 but the fact that some patients will</p> <p>11 deceive a physician in order to obtain</p> <p>12 prescription opioids for nonmedical use</p> <p>13 requires us to be vigilant when</p> <p>14 prescribing these potent and potentially</p> <p>15 abusable medications.</p> <p>16 So, again, very strong,</p> <p>17 emphatic statement of the recognized risk</p> <p>18 and the need to really accelerate</p> <p>19 awareness of that.</p> <p>20 Q. Do you agree with that?</p> <p>21 A. Absolutely.</p> <p>22 Q. Was it your understanding,</p> <p>23 during your time at Endo, that the</p> <p>24 company agreed with that language?</p>	<p style="text-align: right;">Page 541</p> <p>1 know, were you able to have clinicians be</p> <p>2 attracted to the program and participate</p> <p>3 because it's good, quality education,</p> <p>4 it's CE accredited, it's, you know,</p> <p>5 addressing educational gaps and needs</p> <p>6 that they have.</p> <p>7 Q. Do you recall, Ms.</p> <p>8 Kitlinski, discussing with plaintiffs</p> <p>9 their characterization of the amount of</p> <p>10 money that Endo had paid to these</p> <p>11 third-party organizations?</p> <p>12 A. Yes.</p> <p>13 Q. Do you recall plaintiffs</p> <p>14 asking you whether Endo had paid millions</p> <p>15 of dollars to certain organizations?</p> <p>16 A. Yes.</p> <p>17 Q. Did -- did those</p> <p>18 organizations retain that money?</p> <p>19 A. No. And as I tried to point</p> <p>20 out on a few occasions, the educational</p> <p>21 grant that is provided by Endo to any</p> <p>22 professional society, CE provider, or</p> <p>23 other third-party organization, is to</p> <p>24 cover the entire execution of that</p>

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1 educational activity.  
2 So that would include things  
3 like any associated pass-through  
4 expenses, which is -- the majority of an  
5 educational grant would be, for example,  
6 for -- if it was at a conference, for the  
7 audio/visual materials and the setup and  
8 the equipment and the personnel; for  
9 the -- if there was a food function  
10 associated, you know, with the activity,  
11 the pass-through expenses for that.  
12 The faculty honoraria, the  
13 faculty travel expenses, the faculty --  
14 you know, if there were -- well, not  
15 if -- the development costs for taking  
16 the material that the faculty provides  
17 and putting it into an appropriate  
18 format, a formatted presentation, for  
19 example. Developing the enduring  
20 materials, printing or posting to the  
21 website.  
22 So all of those pass-through  
23 expenses are netted -- are not part of  
24 the actual grant that is retained by the

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1 recipient. They would be retaining the  
2 portion that -- of a -- whatever their  
3 services were involved with time or the  
4 fee for the activity. But --  
5 MS. AMINOLROAYA:  
6 Objection -- sorry.  
7 THE WITNESS: Sorry.  
8 MS. AMINOLROAYA: Objection  
9 to form. Foundation.  
10 MR. DAVIS: Is that an  
11 objection to the question?  
12 MS. AMINOLROAYA: It was an  
13 objection to the question, yes.  
14 MR. DAVIS: A little late.  
15 MS. AMINOLROAYA: It's on  
16 the record.  
17 BY MR. DAVIS:  
18 Q. Ms. Kitlinski, do you recall  
19 Exhibit-44?  
20 A. Yes.  
21 Q. Had you ever seen Exhibit-44  
22 before today?  
23 A. No. It was developed while  
24 we were here today. I hadn't seen the

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1 template either, but I'm just saying  
2 the --  
3 Q. Does Exhibit-44 contain  
4 handwriting?  
5 A. Yes. Printing.  
6 Q. Is any of this handwriting  
7 on Exhibit-44 yours?  
8 A. No.  
9 Q. Is any of this handwriting a  
10 direct quote of your testimony here  
11 today?  
12 A. No.  
13 Q. How about Exhibit-21, do you  
14 recall Exhibit-21?  
15 A. Could you scoot that over a  
16 little closer? Thanks.  
17 Yes, I recall that.  
18 Q. Had you ever seen Exhibit-21  
19 before today?  
20 A. No.  
21 Q. Does Exhibit-21 contain  
22 handwriting today -- on it? I'm sorry.  
23 A. Yes.  
24 Q. Is that your handwriting?

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1 A. No.  
2 Q. Whose handwriting appears on  
3 Exhibit-21?  
4 A. It's plaintiffs' counsel.  
5 Q. And how about Exhibit-44,  
6 whose handwriting is on Exhibit-44?  
7 A. Once again, plaintiffs'  
8 counsel.  
9 Q. And is Exhibit-21, does that  
10 handwriting contain a direct quote from  
11 your testimony today?  
12 A. No. I was asked what I saw  
13 on certain reports, and I pointed out the  
14 limitations of what I could attest to of  
15 my own knowledge and what was there.  
16 Q. Okay.  
17 MR. DAVIS: For the record,  
18 we object to the introduction of  
19 these exhibits -- these documents  
20 as exhibits. They were created  
21 today. They contain  
22 mischaracterizations of Ms.  
23 Kitlinski's testimony and  
24 constitute inappropriate and

<p style="text-align: right;">Page 546</p> <p>1 improper demonstratives. 2 MS. AMINOLROAYA: It's 3 several hours later. 4 MR. DAVIS: One second. 5 Thank you, Ms. Kitlinski. 6 THE WITNESS: Thank you. 7 VIDEO TECHNICIAN: Going off 8 the record. The time is 8:33 p.m. 9 - - - 10 (Whereupon, a brief recess 11 was taken.) 12 - - - 13 VIDEO TECHNICIAN: We're 14 back on the record at 8:57 p.m. 15 - - - 16 EXAMINATION 17 - - - 18 BY MS. AMINOLROAYA: 19 Q. Ms. Kitlinski, do you recall 20 a discussion you had with your counsel 21 regarding why Endo supported independent 22 education? 23 A. Yes. 24 Q. Can you please look at</p>	<p style="text-align: right;">Page 548</p> <p>1 So this was CD&amp;E's plan, in 2 2000, to sow the field, plant seeds and 3 then water, and then have growth as a 4 result of that, right? 5 MR. DAVIS: Objection to 6 form. 7 THE WITNESS: The 8 characterization of the images is 9 not consistent. So, for example, 10 one of the responsibilities of the 11 clinical liaison team is to go out 12 into the field, so this is the 13 field, you know, that's the 14 context there, and to identify, 15 you know, what the processes are 16 that are in place to identify any 17 issues, which is, you know, sort 18 of the picking up the stones 19 there, if you will, in the second 20 part of the graphic, to be able to 21 identify, shall we say, issues or 22 concerns, like, for example, in 23 the opioid field about the things 24 we've been discussing all day</p>
<p style="text-align: right;">Page 547</p> <p>1 Exhibit-3? 2 And this is CD&amp;E's 2000 3 plan. Page 3, it's called The Critical 4 Connection -- or is entitled, The 5 Critical Connection for Success in 2000 6 and Beyond. 7 Do you see that on Page 3? 8 A. Yes. 9 Q. And let's look at Page 4. I 10 overlooked this imagery before. 11 And what's depicted here is 12 someone is planting seeds, correct? 13 MR. DAVIS: Objection to 14 form. 15 THE WITNESS: Yes, it is 16 a -- it's a depiction of someone 17 sowing -- hoeing a row and 18 planting seeds and watering it. 19 BY MS. AMINOLROAYA: 20 Q. All right. And watering, 21 and then what do we have in the last 22 imagery here, the last image? 23 A. Plants. 24 Q. Plants, right.</p>	<p style="text-align: right;">Page 549</p> <p>1 about public health issues, 2 patient safety issues. 3 And then to -- in terms of 4 the watering, if you will, to be 5 able to identify what resources 6 are needed to address those issues 7 once the stones have been picked 8 out of the field. And to provide 9 care, show that the company is a 10 caring company in that therapeutic 11 area. 12 And at the end of the day, 13 you should have a successful, new 14 therapeutic area that you're 15 involved with. 16 BY MS. AMINOLROAYA: 17 Q. Do you see stones, Ms. 18 Kitlinski? I don't see any stones, and 19 we don't have to spend time on this. 20 A. The second -- the second 21 image. But that's fine. 22 Q. It looks like someone is 23 dropping something on the ground. 24 But what you described is</p>

<p style="text-align: right;">Page 550</p> <p>1 not what we see on Page 5, right? What 2 we see on Page 5 is, on the left-hand 3 side, we see relationships, peer 4 influence and information. 5 So relationships, you 6 described some relationships that you 7 developed today with therapeutic experts 8 or key opinion leaders. 9 Peer influence, is that how 10 peer influence occurs? When experts in 11 the field speak to other doctors at 12 continuing medical education programs? 13 MR. DAVIS: Objection to 14 form. 15 THE WITNESS: It's when 16 peer-to-peer exchange, scientific 17 exchange, goes on, and what one 18 therapeutic expert is aware of is 19 conveyed to his colleagues. 20 BY MS. AMINOLROAYA: 21 Q. And information, right? 22 Information about opioids? 23 A. Information about -- 24 MR. DAVIS: Objection to</p>	<p style="text-align: right;">Page 552</p> <p>1 opposed to some other companies. 2 So it's not surprising that 3 we would want to continue that, in having 4 a competitive advantage in the pain 5 management area. 6 MS. AMINOLROAYA: Move to 7 strike after the word "yes." 8 BY MS. AMINOLROAYA: 9 Q. And on Page 8, we see 10 intense -- key issues for Endo in 2000 11 was intense competition for key advocates 12 and influentials, right? 13 So these were the 14 individuals who delivered your pain 15 education, correct? 16 MR. DAVIS: Objection to 17 form. 18 BY MS. AMINOLROAYA: 19 Q. The second bullet there 20 states, If we don't utilize, Purdue, 21 Parke-Davis, Abbott, Janssen will. 22 Did I read that correctly? 23 A. Yes. 24 But if you see in that</p>
<p style="text-align: right;">Page 551</p> <p>1 form. 2 THE WITNESS: Information 3 about the therapeutic area, 4 information about the risks, 5 information about the appropriate 6 assessment tools. 7 As we said, that whole gamut 8 of information is appropriate. 9 BY MS. AMINOLROAYA: 10 Q. Right. And the output of 11 that, at least based on what I see on 12 Page 5, is one, Competitive advantage for 13 Endo. 14 Did I read that correctly? 15 A. Yes. 16 Q. And two is, Expanded use of 17 current and future products. 18 Did I read that correctly? 19 A. Yes. 20 And I think I've made no -- 21 I've been very transparent about the fact 22 that I think Endo is a company that has a 23 competitive edge, advantage, in how they 24 approach their -- their business, as</p>	<p style="text-align: right;">Page 553</p> <p>1 bullet point there, where it says, 2 Visiting faculty. Visiting faculty is 3 the promotional speakers bureau, that's 4 not independent education faculty. 5 Publications, again, that's not 6 independent education. Phase IV is 7 always a necessity, product specific. 8 And advisory boards, again, do not fall 9 under the purview of independent 10 education. 11 So when we're talking about 12 advocates, that's the context of that, 13 and influentials, as opposed to 14 therapeutic experts. So just to clarify 15 that. 16 Q. And if Endo could gain -- 17 could win over these -- these therapeutic 18 experts and key opinion leaders, it would 19 give it the competitive advantage, right, 20 that you discussed here on Page 5 of this 21 presentation, and also provide expanded 22 use of current and future products, 23 correct? 24 MR. DAVIS: Objection to</p>

<p style="text-align: right;">Page 554</p> <p>1 form.</p> <p>2 THE WITNESS: Certainly, if</p> <p>3 we had the -- if we had</p> <p>4 therapeutic experts who were</p> <p>5 knowledgeable about our data, who</p> <p>6 were knowledgeable about our --</p> <p>7 the Phase IV studies and the</p> <p>8 additional research that we were</p> <p>9 planning, that would give us a</p> <p>10 competitive advantage.</p> <p>11 Having them participate on</p> <p>12 advisory boards and provide</p> <p>13 unfiltered feedback to us so that</p> <p>14 we, as a company, could adjust or</p> <p>15 make any modifications to our plan</p> <p>16 that they suggested, that would</p> <p>17 definitely be a competitive</p> <p>18 advantage, yes.</p> <p>19 BY MS. AMINOLROAYA:</p> <p>20 Q. And on Page 13, CD&amp;E</p> <p>21 strategy, part of this sowing, planting</p> <p>22 and watering strategy, was, Leverage</p> <p>23 strategic alliances and relationships to</p> <p>24 expand utilization of current product</p>	<p style="text-align: right;">Page 556</p> <p>1 Kitlinski, because initiatives that</p> <p>2 combat opiophobia would allow doctors to</p> <p>3 write more prescriptions, correct?</p> <p>4 MR. DAVIS: Objection to</p> <p>5 form.</p> <p>6 THE WITNESS: No. As we --</p> <p>7 we had this discussion earlier</p> <p>8 when you asked that same question.</p> <p>9 As I mentioned, opiophobia</p> <p>10 is not the healthy respect and</p> <p>11 fear of the potential -- the</p> <p>12 potential abuse, misuse,</p> <p>13 addiction, overdose aspects that</p> <p>14 are associated with opioids.</p> <p>15 It's the unwillingness to</p> <p>16 consider that as a -- an</p> <p>17 therapeutic option for patients.</p> <p>18 And also that if they don't</p> <p>19 utilize the medications</p> <p>20 appropriately, you could actually</p> <p>21 have the exact opposite effect of</p> <p>22 what you were just referring to a</p> <p>23 moment ago.</p> <p>24 BY MS. AMINOLROAYA:</p>
<p style="text-align: right;">Page 555</p> <p>1 line.</p> <p>2 Did I read that correctly?</p> <p>3 MR. DAVIS: Objection to</p> <p>4 form.</p> <p>5 THE WITNESS: Yes, that's</p> <p>6 what the slide says.</p> <p>7 Just to correct you, though,</p> <p>8 it was hoeing, not sowing. But</p> <p>9 that's okay.</p> <p>10 BY MS. AMINOLROAYA:</p> <p>11 Q. Thank you.</p> <p>12 A. You're welcome.</p> <p>13 And, again, I don't want to</p> <p>14 keep reiterating this, but just to keep</p> <p>15 in mind the time frame here of 2000, you</p> <p>16 know, early in the company's development,</p> <p>17 not consistent with what the current</p> <p>18 division of responsibilities would be.</p> <p>19 Q. And on Page 13, another</p> <p>20 strategy that CD&amp;E listed here was -- the</p> <p>21 last bullet under leveraging strategic</p> <p>22 alliances is, Support and develop</p> <p>23 initiatives that combat opiophobia.</p> <p>24 And that was important, Ms.</p>	<p style="text-align: right;">Page 557</p> <p>1 Q. Well, the jury can conclude</p> <p>2 what opiophobia means.</p> <p>3 But in 2001 --</p> <p>4 A. Sure.</p> <p>5 Q. -- you would agree that</p> <p>6 doctors had a fear of opioids in the wake</p> <p>7 of what was going on with Purdue and</p> <p>8 OxyContin?</p> <p>9 MR. DAVIS: Objection to</p> <p>10 form.</p> <p>11 THE WITNESS: Again, I will</p> <p>12 just state that my recollection of</p> <p>13 timing is, you know, not -- not</p> <p>14 firm, because I don't have</p> <p>15 documents to refer back to. I do</p> <p>16 know that in the early 2000s there</p> <p>17 were issues of opioid abuse and</p> <p>18 misuse.</p> <p>19 But I think it was not fair</p> <p>20 to characterize it as opiophobia,</p> <p>21 so much as the people utilizing</p> <p>22 these drugs in ways that were not</p> <p>23 appropriate and were not intended</p> <p>24 in the labeling and approved by</p>

<p style="text-align: right;">Page 558</p> <p>1 the FDA.</p> <p>2 BY MS. AMINOLROAYA:</p> <p>3 Q. And so you don't recall when</p> <p>4 Purdue's problems with OxyContin first</p> <p>5 surfaced in the news?</p> <p>6 MR. DAVIS: Objection to</p> <p>7 form.</p> <p>8 THE WITNESS: As I -- as I</p> <p>9 stated, I recall that it was in</p> <p>10 the early 2000s. Without a frame</p> <p>11 of reference to look back at, I</p> <p>12 don't, I'm sorry.</p> <p>13 BY MS. AMINOLROAYA:</p> <p>14 Q. You had a very good memory</p> <p>15 during Mr. Davis's examination. I will</p> <p>16 note that.</p> <p>17 A. Mr. Davis was examining me</p> <p>18 about the aspects of my job relating to</p> <p>19 educational specifics that I had written,</p> <p>20 the elements for that RiskMAP. So I have</p> <p>21 a very clear recollection of that, as I</p> <p>22 did for when you were asking me about</p> <p>23 education-related things as well.</p> <p>24 Q. And yet another tactic on</p>	<p style="text-align: right;">Page 560</p> <p>1 family physicians, and other</p> <p>2 primary care folks were critical</p> <p>3 to the appropriate pain management</p> <p>4 and that they did not have</p> <p>5 education on that, short of one</p> <p>6 hour during their -- during their</p> <p>7 training programs.</p> <p>8 BY MS. AMINOLROAYA:</p> <p>9 Q. And if we look at Exhibit-2,</p> <p>10 the CD&amp;E objectives that we just</p> <p>11 discussed for clinical development and</p> <p>12 education objectives at Endo, had the</p> <p>13 objective of expanding use of current and</p> <p>14 future products.</p> <p>15 And that's not the only time</p> <p>16 we saw that, Ms. Kitlinski. We also saw</p> <p>17 that goal in Exhibit-2, for example.</p> <p>18 Number 3 in your 1999 objectives stated,</p> <p>19 Maximize corporate return on current</p> <p>20 product lines and seek support for new</p> <p>21 product initiatives, correct?</p> <p>22 MR. DAVIS: Objection to</p> <p>23 form.</p> <p>24 THE WITNESS: Correct. And</p>
<p style="text-align: right;">Page 559</p> <p>1 Page 16 of the document is to establish</p> <p>2 pain management as a priority with PCPs.</p> <p>3 And this was another tactic</p> <p>4 towards the goal of gaining -- that CD&amp;E</p> <p>5 had in the year 2000 of sowing,</p> <p>6 watering -- or, excuse me, hoeing,</p> <p>7 planting seeds and watering in order to</p> <p>8 obtain growth in the opioids market,</p> <p>9 correct?</p> <p>10 MR. DAVIS: Objection to</p> <p>11 form.</p> <p>12 THE WITNESS: No. This was</p> <p>13 referring to the fact that primary</p> <p>14 care physicians -- that the data</p> <p>15 was suggesting that primary care</p> <p>16 physicians were responsible for</p> <p>17 managing the great majority of</p> <p>18 patients with pain, especially as</p> <p>19 the healthcare system evolved and</p> <p>20 visits to specialists became more</p> <p>21 costly and less accessible for</p> <p>22 patients.</p> <p>23 So it was recognizing that</p> <p>24 internal medicine specialists,</p>	<p style="text-align: right;">Page 561</p> <p>1 as we discussed, again, at this</p> <p>2 time, in this early stage of the</p> <p>3 company's development, the focus</p> <p>4 was not on independent education,</p> <p>5 it was on -- as a company,</p> <p>6 everyone had -- your colleague</p> <p>7 commented on the EBITDA term,</p> <p>8 which is certainly not one that I</p> <p>9 would have grasped myself.</p> <p>10 So there were certain</p> <p>11 initiatives that the entire</p> <p>12 company had to embrace as a new</p> <p>13 startup company.</p> <p>14 And, again, the education</p> <p>15 that we're talking about here</p> <p>16 focused on educational</p> <p>17 initiatives, working with the</p> <p>18 professional organizations. And</p> <p>19 the patient organizations were</p> <p>20 not -- were not separate and apart</p> <p>21 from the responsibilities at that</p> <p>22 time.</p> <p>23 BY MS. AMINOLROAYA:</p> <p>24 Q. And this --</p>

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<p>1 A. So I believe -- may I just 2 ask -- never mind. It's probably not 3 appropriate. I can't ask a question, I'm 4 sorry.</p> <p>5 Q. I'm sorry, it's not.</p> <p>6 A. Okay.</p> <p>7 Q. And if we turn to 8 Exhibit-5 -- are you familiar with the 9 IMS data, Ms. Kitlinski?</p> <p>10 MR. DAVIS: How about you 11 wait until she has the document?</p> <p>12 THE WITNESS: I know what 13 IMS data is. I don't know, 14 like -- I don't see it.</p> <p>15 I understand that that's 16 how, for example, the FDA 17 determined how many 18 extended-release, ER -- 19 extended-release and long-acting 20 opioids were being prescribed at 21 the time that they put the REMS in 22 place and how many -- how many 23 prescribers, I should say, not 24 opioids, and that's how they</p>	<p>1 Yes, the same -- again, once 2 again, what we just spoke to, in a 3 young company like that, everyone 4 was all hands on board bringing 5 their -- their aspects to the 6 table of what they can contribute 7 to the launch.</p> <p>8 BY MS. AMINOLROAYA: 9 Q. All right. And let's turn 10 to Page 14 of Exhibit-5. 11 And Page 14 here, it 12 states --</p> <p>13 A. Yes, I have it. I was just 14 looking back to see whose presentation 15 this was. Okay. I got it.</p> <p>16 Q. We looked at this earlier. 17 This was, Endo Commercial Capabilities 18 Overview by Jeremy Goldberg. We 19 identified that the metadata for this 20 document placed this document as a 2005 21 document.</p> <p>22 A. Yes. And this particular 23 slide, though, that you're talking about, 24 14, was not Jeremy Goldberg's. He was in</p>
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<p>1 determined their goals for what 2 the REMS education should 3 encompass.</p> <p>4 So I'm familiar with what 5 IMS data is.</p> <p>6 BY MS. AMINOLROAYA: 7 Q. Thank you. 8 So turning to Page -- 9 Exhibit-5, and we looked at this earlier, 10 regarding Percocet.</p> <p>11 You had involvement with 12 Percocet, correct?</p> <p>13 MR. DAVIS: Objection to 14 form.</p> <p>15 BY MS. AMINOLROAYA: 16 Q. And your 1999 objectives 17 included working with the sales and 18 marketing team to successfully launch 19 Percocet, correct?</p> <p>20 MR. DAVIS: Objection to 21 form.</p> <p>22 THE WITNESS: Excuse me one 23 second until I take a look at this 24 again. 1999.</p>	<p>1 the corporate development.</p> <p>2 But it was, rather, Mark 3 Gossett, who was the senior vice 4 president of the commercial business.</p> <p>5 Q. Okay. Thank you.</p> <p>6 A. Sure.</p> <p>7 Q. And Page 14, Endo describes 8 itself as, The company that Percocet 9 built.</p> <p>10 Did I read that correctly?</p> <p>11 A. That's what Mark Gossett 12 described it as in this slide.</p> <p>13 Q. Do you have reason to 14 dispute that?</p> <p>15 MR. DAVIS: Objection to 16 form.</p> <p>17 THE WITNESS: I personally 18 think that Endo is a pain 19 management company that was 20 started by Carol Ammon and her 21 colleagues.</p> <p>22 But, again, he's a marketing 23 guy, and that's what he's focused 24 on.</p>

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1 BY MS. AMINOLROAYA:  
2 Q. And does the second bullet  
3 under Percocet state, Endo grew from \$40  
4 million to \$214 million by 2003?  
5 A. That is what Mr. Gossett  
6 says on his slide, yes.  
7 Q. And so the CD&E strategy to  
8 grow sales and grow the market for  
9 Percocet, it worked, Ms. Kitlinski,  
10 correct?  
11 MR. DAVIS: Objection to  
12 form.  
13 THE WITNESS: The company's  
14 strategy to launch new forms of  
15 Percocet that were more  
16 available -- I'm sorry, more  
17 appropriate, including, as we had  
18 talked earlier about Percolone,  
19 which was -- did not have the  
20 acetaminophen component of that,  
21 that contributed towards this.  
22 What the CD&E contribution  
23 was, I don't know how you would --  
24 how you would gauge that.

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1 BY MS. AMINOLROAYA:  
2 Q. But the CD&E, as a member,  
3 you were the director of CD&E, and this  
4 was your strategy in 1999, right?  
5 This was your objective, to  
6 grow the market for Percocet?  
7 MR. DAVIS: Objection to  
8 form.  
9 BY MS. AMINOLROAYA:  
10 Q. And six years later, we see  
11 that Percocet sales quintupled, from \$40  
12 million to \$214 million -- I'm sorry, not  
13 even six years later.  
14 Four years later Percocet  
15 sales quintupled from \$40 million to \$214  
16 million and Percocet becomes the gold  
17 standard in pain management.  
18 Approximately 77 percent of  
19 prescriptions for Oxycodone with  
20 acetaminophen are written as Percocet; is  
21 that correct?  
22 MR. DAVIS: Objection to  
23 form.  
24 THE WITNESS: I don't know

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1 if that's correct or not. That's  
2 Mr. Gossett's representation of  
3 the data.  
4 BY MS. AMINOLROAYA:  
5 Q. If this data is, in fact,  
6 correct, this would mean that the --  
7 withdrawn. Let's move on.  
8 Earlier you testified -- do  
9 you recall offering testimony about  
10 ACCME?  
11 A. ACCME?  
12 Q. Yes.  
13 A. Yes.  
14 Q. And you said that anyone --  
15 or separate from your testimony from  
16 ACCME, but you said anyone can lodge a  
17 complaint to a CME-accrediting  
18 organization.  
19 Do you recall that  
20 testimony?  
21 MR. DAVIS: Objection to  
22 form.  
23 THE WITNESS: Yes.  
24 BY MS. AMINOLROAYA:

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1 Q. And did Endo ever lodge such  
2 a complaint?  
3 MR. DAVIS: Objection to  
4 form.  
5 THE WITNESS: No. You did  
6 ask me that question and I -- as  
7 did your previous -- your  
8 colleague, and I indicated that I  
9 was not aware of that.  
10 BY MS. AMINOLROAYA:  
11 Q. Let's go to Exhibit-43.  
12 Do you recall Mr. Davis  
13 asking you some questions about  
14 responsible opioid prescribing?  
15 MR. DAVIS: Let's wait until  
16 she has it in front of her,  
17 please.  
18 BY MS. AMINOLROAYA:  
19 Q. My question doesn't have to  
20 do with the document yet.  
21 Do you recall the line of  
22 questioning?  
23 A. The Federation of the State  
24 Medical Board, Fishman book, is that what

<p style="text-align: right;">Page 570</p> <p>1 you're referring to?</p> <p>2 Q. Yes.</p> <p>3 A. Yes.</p> <p>4 Q. And I believe the concern in</p> <p>5 this line of questioning was that not</p> <p>6 enough pages from the book were covered.</p> <p>7 And you may or may not know,</p> <p>8 Mrs. Kitlinski, we have limited time and</p> <p>9 we have to move along. We only have</p> <p>10 seven hours.</p> <p>11 There's certainly more</p> <p>12 content in here that we could cover with</p> <p>13 you. And we can look at one more example</p> <p>14 to address your concern. It's here on</p> <p>15 Page 36 of the document.</p> <p>16 A. 36 up --</p> <p>17 Q. Yes. 423.36.</p> <p>18 A. -- the actual -- okay.</p> <p>19 Q. And I'm only going to read</p> <p>20 the first sentence, for time and for all</p> <p>21 of our sakes.</p> <p>22 A. Sure.</p> <p>23 Q. It says, Beware the</p> <p>24 distinction between pseudoaddiction and</p>	<p style="text-align: right;">Page 572</p> <p>1 second edition by the APS.</p> <p>2 And this was Exhibit -- 12?</p> <p>3 That doesn't sound right.</p> <p>4 MR. DAVIS: 42.</p> <p>5 BY MS. AMINOLROAYA:</p> <p>6 Q. 42.</p> <p>7 So let's look at some of</p> <p>8 these pages.</p> <p>9 A. Sure.</p> <p>10 Q. Page 95. And under,</p> <p>11 Addiction, physical dependence and</p> <p>12 tolerance, if you look at the third</p> <p>13 paragraph under that subheading, it</p> <p>14 states, The prevalence of addiction among</p> <p>15 patients who do not have a previously</p> <p>16 existing substance abuse disorder is low.</p> <p>17 Did I read that correctly?</p> <p>18 A. Yes, you did.</p> <p>19 Q. All right. And following</p> <p>20 that it says, Weissman and Haddox, 1989,</p> <p>21 noted that patients who are given doses</p> <p>22 of opioids that are inadequate to relieve</p> <p>23 their pain or whose opioid dose is</p> <p>24 discontinued abruptly or tapered too</p>
<p style="text-align: right;">Page 571</p> <p>1 addiction.</p> <p>2 A. Yes. We brought that up in</p> <p>3 the past discussion.</p> <p>4 Q. We actually covered more</p> <p>5 than one page --</p> <p>6 A. Yes. And that's why I said</p> <p>7 I wasn't sure how many pages, but --</p> <p>8 Q. Okay. You said we had not</p> <p>9 covered a lot of it, so I wanted to make</p> <p>10 sure we give it some more attention.</p> <p>11 A. Absolutely.</p> <p>12 And my concern was not so</p> <p>13 much the number of pages, but just an</p> <p>14 isolation -- you know, the focus on a</p> <p>15 bullet point such as this as opposed to</p> <p>16 the general gestalt of the book, which</p> <p>17 was that addiction and abuse and misuse</p> <p>18 and overdose are serious societal issues</p> <p>19 that need to be addressed.</p> <p>20 Q. Another complaint that was</p> <p>21 discussed during the examination was that</p> <p>22 we didn't look at particular pages in the</p> <p>23 2002 Guideline for the Management of Pain</p> <p>24 and Osteoarthritis, Rheumatoid Arthritis,</p>	<p style="text-align: right;">Page 573</p> <p>1 rapidly may develop characteristics that</p> <p>2 resemble addiction, which they termed</p> <p>3 iatrogenic pseudoaddiction.</p> <p>4 And the last sentence there</p> <p>5 states, Requests for these specific</p> <p>6 medications and doses should not be</p> <p>7 interpreted as necessarily indicating</p> <p>8 drug-seeking behavior.</p> <p>9 Did I read that correctly?</p> <p>10 A. Yes. It was just the</p> <p>11 intervening section -- sentence there</p> <p>12 that put it into context that, Because</p> <p>13 patients are often knowledgeable about</p> <p>14 their medications and doses that have</p> <p>15 worked in the past, requests for these</p> <p>16 medications and doses should not be</p> <p>17 interpreted as -- necessarily as</p> <p>18 drug-seeking behavior.</p> <p>19 Q. Right. And this paragraph</p> <p>20 frames this in terms of pseudoaddiction,</p> <p>21 correct?</p> <p>22 A. Yes.</p> <p>23 Q. And it relies on the</p> <p>24 Weissman and Haddox article from 1989,</p>

<p style="text-align: right;">Page 574</p> <p>1 correct?</p> <p>2 A. Correct.</p> <p>3 MR. DAVIS: Objection to</p> <p>4 form.</p> <p>5 BY MS. AMINOLROAYA:</p> <p>6 Q. And if we go to Page 97 of</p> <p>7 the document, we see here, in the</p> <p>8 beginning of the third full paragraph --</p> <p>9 or we can go to the top paragraph here.</p> <p>10 It says, Furthermore,</p> <p>11 decades of clinical experience and</p> <p>12 studies conducted in patients with</p> <p>13 chronic malignant pain due to a variety</p> <p>14 of causes have demonstrated clearly the</p> <p>15 usefulness of opioids in the management</p> <p>16 of a variety of chronic nonmalignant pain</p> <p>17 types.</p> <p>18 Did I read that correctly?</p> <p>19 A. Yes.</p> <p>20 Q. And we read earlier the</p> <p>21 evidence study stating that opioids have</p> <p>22 not been studied for longer than --</p> <p>23 long-term efficacy studies have not been</p> <p>24 conducted for opioids, correct?</p>	<p style="text-align: right;">Page 576</p> <p>1 A. AHRQ.</p> <p>2 Q. AHRQ, thank you.</p> <p>3 And based on the evidence</p> <p>4 study that was prepared for that agency,</p> <p>5 the document stated that long-term</p> <p>6 studies have not been conducted on the</p> <p>7 efficacy of opioids, correct?</p> <p>8 MR. DAVIS: Objection to</p> <p>9 form.</p> <p>10 THE WITNESS: That was</p> <p>11 the -- again, it was a very</p> <p>12 lengthy document, and we just</p> <p>13 looked at a few select items. And</p> <p>14 I'm not saying we should have</p> <p>15 looked at the whole thing.</p> <p>16 But I did not read that full</p> <p>17 document, and so my comments on</p> <p>18 that were just what I said, that</p> <p>19 because of the requirements that</p> <p>20 the FDA puts forth for chronic</p> <p>21 opioids to be approved, that's</p> <p>22 what had been studied and that my</p> <p>23 colleagues in clinical</p> <p>24 development, for example, could</p>
<p style="text-align: right;">Page 575</p> <p>1 MR. DAVIS: Objection to</p> <p>2 form.</p> <p>3 THE WITNESS: Are you</p> <p>4 referring to here, where it says,</p> <p>5 There is some evidence of a</p> <p>6 positive risk-to-benefit ratio in</p> <p>7 the use of certain opioids for</p> <p>8 people with moderate to severe</p> <p>9 pain?</p> <p>10 BY MS. AMINOLROAYA:</p> <p>11 Q. No. I'm referring to the</p> <p>12 sentence I just read.</p> <p>13 Were you with me?</p> <p>14 A. No, I'm sorry. I was not.</p> <p>15 Q. Let's look back up at the</p> <p>16 top.</p> <p>17 A. I read the -- I did follow</p> <p>18 you there at the top, and I said yes.</p> <p>19 But then I thought you asked</p> <p>20 me about something else.</p> <p>21 Q. Yes. So I said earlier we</p> <p>22 looked at an evidence study that was</p> <p>23 prepared by a governmental agency -- and</p> <p>24 I'm forgetting the acronym right now.</p>	<p style="text-align: right;">Page 577</p> <p>1 speak more appropriately to the</p> <p>2 current -- the current studies</p> <p>3 that are being conducted to</p> <p>4 address that question.</p> <p>5 Because, indeed, it has been</p> <p>6 raised that there is not only</p> <p>7 insufficient long-term evidence</p> <p>8 with regards to the benefits, but</p> <p>9 also the risks. And so both of</p> <p>10 those are being pursued as we</p> <p>11 speak.</p> <p>12 BY MS. AMINOLROAYA:</p> <p>13 Q. And does FDA prevent a</p> <p>14 company like Endo from conducting a study</p> <p>15 on the long-term safety and efficacy of</p> <p>16 opioids?</p> <p>17 MR. DAVIS: Objection to</p> <p>18 form.</p> <p>19 THE WITNESS: No.</p> <p>20 BY MS. AMINOLROAYA:</p> <p>21 Q. Do any FDA regulations</p> <p>22 prevent Endo from conducting such a</p> <p>23 study?</p> <p>24 MR. DAVIS: Objection to</p>

<p style="text-align: right;">Page 578</p> <p>1 form.</p> <p>2 THE WITNESS: I'm not the</p> <p>3 expert on regulatory issues or</p> <p>4 clinical development issues. So I</p> <p>5 would suggest that you would raise</p> <p>6 that question with my colleagues.</p> <p>7 BY MS. AMINOLROAYA:</p> <p>8 Q. But you mentioned the FDA,</p> <p>9 Ms. Kitlinski --</p> <p>10 A. Yes.</p> <p>11 Q. -- correct?</p> <p>12 You said that the studies</p> <p>13 were limited because of FDA, right?</p> <p>14 A. No. I said the studies were</p> <p>15 limited because that is the requirements</p> <p>16 that the FDA has to obtain approval of a</p> <p>17 new chronic --</p> <p>18 Q. I think we're saying the</p> <p>19 same thing.</p> <p>20 A. Okay. We are on the same</p> <p>21 page.</p> <p>22 Q. So there are certain studies</p> <p>23 that a company may conduct to obtain FDA</p> <p>24 approval.</p>	<p style="text-align: right;">Page 580</p> <p>1 BY MS. AMINOLROAYA:</p> <p>2 Q. And here on Page 97, going</p> <p>3 down to the third paragraph, it states,</p> <p>4 Evidence supports the use of Oxycodone</p> <p>5 for moderate to severe pain that has not</p> <p>6 responded to other treatments.</p> <p>7 Is that correct?</p> <p>8 MR. DAVIS: Objection to</p> <p>9 form.</p> <p>10 THE WITNESS: Yes. And</p> <p>11 that's the case for, again,</p> <p>12 positioning opioid, not -- opioids</p> <p>13 not as a first-line agent, as I</p> <p>14 said when we spoke about this.</p> <p>15 BY MS. AMINOLROAYA:</p> <p>16 Q. And Endo sold generic</p> <p>17 Oxycodone, correct?</p> <p>18 A. Endo had a -- several</p> <p>19 generic opioids and Oxycodone, I believe,</p> <p>20 certainly, at one point in time we did.</p> <p>21 I don't know if we still do.</p> <p>22 Q. And generic -- and Endo sold</p> <p>23 generic OxyContin after the publishing of</p> <p>24 these guidelines in 2002, correct?</p>
<p style="text-align: right;">Page 579</p> <p>1 Does anything prevent a</p> <p>2 company from conducting further studies?</p> <p>3 A. No.</p> <p>4 MR. DAVIS: Objection to</p> <p>5 form.</p> <p>6 THE WITNESS: As is what</p> <p>7 Endo is doing.</p> <p>8 BY MS. AMINOLROAYA:</p> <p>9 Q. And Endo had not</p> <p>10 conducted -- has not conducted those</p> <p>11 studies in the past, correct?</p> <p>12 MR. DAVIS: Objection to</p> <p>13 form.</p> <p>14 THE WITNESS: They have</p> <p>15 conducted longer studies, but</p> <p>16 these are long -- you know, longer</p> <p>17 yet than the originals.</p> <p>18 And, again, I'm not the</p> <p>19 expert on what length of studies</p> <p>20 we have conducted at Endo. So</p> <p>21 when you folks speak to the</p> <p>22 clinical development -- I'm sorry,</p> <p>23 to the R&amp;D people, they would be</p> <p>24 able to apprise you of that.</p>	<p style="text-align: right;">Page 581</p> <p>1 MR. DAVIS: Objection to</p> <p>2 form.</p> <p>3 THE WITNESS: I don't know</p> <p>4 the answer to that question.</p> <p>5 BY MS. AMINOLROAYA:</p> <p>6 Q. Okay.</p> <p>7 A. Because OxyContin was a</p> <p>8 different formulation than -- this is</p> <p>9 just saying generic Oxycodone, which is</p> <p>10 the active ingredient, for example, in</p> <p>11 Percocet. It's not an extended-release</p> <p>12 formulation of that.</p> <p>13 Q. Right. And you discussed</p> <p>14 some of your significant responsibilities</p> <p>15 with the RiskMAP.</p> <p>16 Do you recall there being a</p> <p>17 RiskMAP for generic OxyContin during the</p> <p>18 time period that Endo sold it?</p> <p>19 MR. DAVIS: Object to form.</p> <p>20 THE WITNESS: Again, I don't</p> <p>21 recall there being a discussion,</p> <p>22 because I don't recall that I was</p> <p>23 there when Endo sold it, if,</p> <p>24 indeed, they did. So I don't</p>

<p style="text-align: right;">Page 582</p> <p>1 know.</p> <p>2 BY MS. AMINOLROAYA:</p> <p>3 Q. So you recall the RiskMAP</p> <p>4 for Opana ER, but you don't recall the</p> <p>5 RiskMAP for generic OxyContin?</p> <p>6 A. The RiskMAP for --</p> <p>7 MR. DAVIS: Object to form.</p> <p>8 THE WITNESS: The RiskMAP</p> <p>9 for generic -- I'm sorry, for</p> <p>10 Opana ER was negotiated and put in</p> <p>11 place with the FDA while I was</p> <p>12 responsible for that. So, yes, I</p> <p>13 definitely recall that. I was</p> <p>14 involved in it.</p> <p>15 BY MS. AMINOLROAYA:</p> <p>16 Q. You don't recall a RiskMAP</p> <p>17 for generic Oxycodone or generic</p> <p>18 OxyContin?</p> <p>19 MR. DAVIS: Objection to</p> <p>20 form.</p> <p>21 THE WITNESS: As I said, I</p> <p>22 don't even recall if we sold that</p> <p>23 drug.</p> <p>24 BY MS. AMINOLROAYA:</p>	<p style="text-align: right;">Page 584</p> <p>1 in one of these slides. It's a</p> <p>2 self-administered form -- excuse me, it's</p> <p>3 a fourteen-item self-administered form</p> <p>4 capturing the primary determinants of</p> <p>5 aberrant drug-related behavior.</p> <p>6 Did I read that correctly?</p> <p>7 A. I'm sorry, I was assisting</p> <p>8 to locate an item.</p> <p>9 A fourteen-item</p> <p>10 self-administered form capturing the</p> <p>11 primary determinants of aberrant</p> <p>12 drug-related behavior, yes.</p> <p>13 Q. And this was something that</p> <p>14 was -- that Endo suggested to doctors</p> <p>15 could be used to manage the risks of</p> <p>16 addiction, correct?</p> <p>17 MR. DAVIS: Objection to</p> <p>18 form.</p> <p>19 THE WITNESS: The SOAPP tool</p> <p>20 was the -- if you recall earlier,</p> <p>21 we talked about psychometrically</p> <p>22 validated tools that were</p> <p>23 supported by funding from NIDA or</p> <p>24 from NIH, and that Endo also</p>
<p style="text-align: right;">Page 583</p> <p>1 Q. Convenient.</p> <p>2 A. No. Just the fact that the</p> <p>3 generic formulations change, literally,</p> <p>4 from month to month and year to year, and</p> <p>5 that was quite a number of years ago.</p> <p>6 Q. And another -- let's turn</p> <p>7 back to Exhibit-40.</p> <p>8 Another complaint that was</p> <p>9 lodged about our review of the APS</p> <p>10 residents course was also that we didn't</p> <p>11 cover enough pages here.</p> <p>12 Turning to Page 34 of the</p> <p>13 document, the second slide on this page</p> <p>14 mentions, Screener and opioid assessment</p> <p>15 for patients in pain, or SOAPP.</p> <p>16 You're familiar with SOAPP,</p> <p>17 Ms. Kitlinski?</p> <p>18 A. Yes.</p> <p>19 Q. And this relates to opioids,</p> <p>20 right?</p> <p>21 So this addresses your</p> <p>22 concern that we weren't addressing slides</p> <p>23 that had to do with opioids.</p> <p>24 And, here, SOAPP is included</p>	<p style="text-align: right;">Page 585</p> <p>1 provided some educational grant</p> <p>2 support towards.</p> <p>3 So this was a tool that was</p> <p>4 developed -- and I don't recall if</p> <p>5 it was NIDA or NIH, but it was</p> <p>6 funding from them. And then Endo</p> <p>7 provided educational -- additional</p> <p>8 educational grants so that the</p> <p>9 beta -- the beta version of it,</p> <p>10 once they received the feedback</p> <p>11 from clinicians as to what would</p> <p>12 work in their practice on a</p> <p>13 day-to-day basis, they were able</p> <p>14 to modify that so it could be</p> <p>15 practical and inserted into their</p> <p>16 patient care.</p> <p>17 BY MS. AMINOLROAYA:</p> <p>18 Q. And I think my question was,</p> <p>19 SOAPP was something that Endo suggested</p> <p>20 to doctors could be used to manage the</p> <p>21 risks of addiction; is that right?</p> <p>22 MR. DAVIS: Objection to</p> <p>23 form.</p> <p>24 THE WITNESS: SOAPP was part</p>

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1 of the independent educational  
2 activities. And so this is --  
3 this is not Endo suggesting SOAPP,  
4 this is the APS residents course.  
5 It's not that Endo did not,  
6 you know, speak to the value of  
7 SOAPP. I didn't mean to imply  
8 that. But I just want to be clear  
9 that this was the faculty for the  
10 program.  
11 And we did, indeed -- and we  
12 did, indeed, recognize the value  
13 of SOAPP, because the FDA, NIH and  
14 NIDA had acknowledged its  
15 importance by virtue of the fact  
16 that they supported ongoing  
17 research with it and utilized it  
18 as one of the tools that they --  
19 when they were conducting their  
20 evaluations.  
21 BY MS. AMINOLROAYA:  
22 Q. When did FDA support  
23 research of SOAPP?  
24 A. FDA did not. NIDA or NIH

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1 did, yes.  
2 Q. And SOAPP was part of the  
3 RiskMAP for Opana ER, correct?  
4 A. Yes.  
5 Q. However, when the evidence  
6 report was prepared for AHRQ -- if you  
7 turn to Exhibit-24.  
8 A. I'm sorry, I missed what  
9 page you said.  
10 Q. So let's go to Page 90 of  
11 the document.  
12 I can assure you there's  
13 more discussion of SOAPP in here. I'm  
14 going to point you to one to move us  
15 along.  
16 A. Sure.  
17 Q. So here on Page 90, the key  
18 question in 4B is, In patients with  
19 chronic pain, what is the effectiveness  
20 of use of risk prediction instruments on  
21 outcomes related to overdose, addiction,  
22 abuse or misuse?  
23 Did I read that correctly?  
24 A. Yes.

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1 Q. And the key point is, No  
2 study evaluated the effectiveness of risk  
3 prediction instruments for reducing  
4 outcomes related to overdose, addiction,  
5 abuse or misuse. SOE: Insufficient.  
6 Did I read that correctly?  
7 A. Yes.  
8 And I just wanted to see  
9 what this citation here, 113 and 14 is  
10 that they're citing, because it seems at  
11 odds with the fact that they're saying  
12 there was no study, and yet they have a  
13 citation.  
14 So just give me one moment  
15 to look what they --  
16 Q. Well, we can look at --  
17 let's look at Question 4A on Page 86.  
18 A. Okay.  
19 Q. Key Question 4A is, In  
20 patients with chronic pain being  
21 considered --  
22 A. Excuse me just one second  
23 here. I'm just trying to get to that  
24 page.

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1 46, you said?  
2 4A, okay. I have it.  
3 That's on Page 41.  
4 Q. In patients with chronic  
5 pain being considered for long-term  
6 opioid therapy, what is the accuracy of  
7 instruments for predicting risk of opioid  
8 overdose, addiction, abuse or misuse?  
9 Did I read that correctly?  
10 A. Yes.  
11 Q. And the first point there  
12 is, Three studies (one fair quality, two  
13 poor quality) evaluated the opioid risk  
14 tool, ORT, using a cutoff of more than or  
15 equal to 4. Estimates of diagnostic  
16 accuracy were inconsistent, precluding  
17 reliable conclusions.  
18 Did I read that correctly?  
19 A. Yes.  
20 Q. And let's go to the next  
21 bullet, because that one addresses SOAPP.  
22 It says, Two studies  
23 evaluated the screening and opioid  
24 assessment for patients with pain (SOAPP)

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1 Version 1 instrument. In one fair  
 2 quality study, based on a cutoff score of  
 3 more than or equal to 8, sensitivity was  
 4 .68.  
 5 And we can go over all these  
 6 details.  
 7 But we see in the next  
 8 bullet, it states, One poor quality  
 9 study -- and it goes on to describe that.  
 10 The third bullet also  
 11 references one poor quality study.  
 12 And the last bullet there  
 13 references one poor quality study.  
 14 Is that correct?  
 15 A. That's what it says, yes.  
 16 And I do want to point out  
 17 that, again, the bullet point above here  
 18 is talking about SOAPP, Version 1, which  
 19 we -- you know, which we referred to  
 20 briefly a moment ago, that that was the  
 21 first iteration that NIH and/or NIDA or  
 22 HHS supported, and that it was  
 23 subsequently revised.  
 24 So I don't know that the --

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1 I don't know that they have that included  
 2 in here. This is certainly a recent  
 3 publication.  
 4 Q. Yes. This is 2014.  
 5 So if these tools of --  
 6 studies had not shown efficacy for these  
 7 studies in 2014 -- excuse me, for these  
 8 risk prediction instruments in 2014, had  
 9 they done that before then?  
 10 MR. DAVIS: Objection to  
 11 form.  
 12 THE WITNESS: And I think  
 13 the question here is, as it states  
 14 all throughout this section and  
 15 through the title of this  
 16 document, is the -- documenting  
 17 the risks of long-term opioid --  
 18 of documenting the risks and  
 19 effectiveness of long-term opioid  
 20 therapy.  
 21 And the SOAPP instrument  
 22 hasn't been used in any -- as any  
 23 of these others for that point,  
 24 you know, DIRE or ORT, have not

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1 been used in any long-term studies  
 2 because those long-term studies  
 3 are just beginning to go on, as we  
 4 talked about a short while ago.  
 5 BY MS. AMINOLROAYA:  
 6 Q. And is there anything that  
 7 would have prevented a company like Endo  
 8 from conducting such a long-term study?  
 9 MR. DAVIS: Objection to  
 10 form.  
 11 THE WITNESS: I couldn't  
 12 speculate on that, because I'm not  
 13 an expert in clinical development.  
 14 I don't know the details about  
 15 patient recruitment for those  
 16 studies.  
 17 BY MS. AMINOLROAYA:  
 18 Q. And earlier do you recall a  
 19 discussion with your counsel regarding  
 20 ROI, or return on investment?  
 21 A. Yes.  
 22 Q. And you testified that it  
 23 would be inappropriate to seek a return  
 24 on investment?

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1 MR. DAVIS: Objection to  
 2 form.  
 3 THE WITNESS: I testified  
 4 that it would be inappropriate to  
 5 conduct an ROI -- ROI on an  
 6 independent educational activity.  
 7 I did -- that is the -- that  
 8 is what I testified to.  
 9 BY MS. AMINOLROAYA:  
 10 Q. Thank you. I apologize. It  
 11 was not a good question.  
 12 A. That's okay.  
 13 Q. I'm struggling at the end of  
 14 the day.  
 15 A. We're all a little kind  
 16 of --  
 17 Q. Right.  
 18 MS. AMINOLROAYA: Let's have  
 19 1296, please. Exhibit-51. And  
 20 this is ENDO-OPIOID\_MDL-02343835.  
 21 E1296.  
 22 - - -  
 23 (Whereupon, Endo-Kitlinski  
 24 Exhibit-51,

<p style="text-align: right;">Page 594</p> <p>1 ENDO-OPIOID_MDL-02343835, with  2 attachment, was marked for  3 identification.)  4 - - -  5 THE WITNESS: Thank you.  6 BY MS. AMINOLROAYA:  7 Q. Endo did conduct a return on  8 education study for its drug Lidoderm,  9 correct?  10 A. No. The NIPC, Professional  11 Postgraduate Services, conducted a return  12 on education study on topical analgesics.  13 Is this what you're talking  14 about, this Page 5?  15 MS. AMINOLROAYA: Can we  16 have 1341, please?  17 This will cure an issue,  18 maybe, or cause some confusion.  19 We marked this earlier and did not  20 use it. So this is Exhibit-16.  21 ENDO-OPIOID_MDL-06233891. E1341.  22 - - -  23 (Whereupon, Endo-Kitlinski  24 Exhibit-16,</p>	<p style="text-align: right;">Page 596</p> <p>1 physicians studied demonstrated  2 significant (116 percent) increase in new  3 prescriptions for the class of topical  4 analgesics in the test group physicians  5 versus control group physicians.  6 Did I read that correctly?  7 A. Yes.  8 Q. Does this refresh your  9 recollection on whether Endo conducted a  10 return on education study on the impact  11 of the NIPC?  12 A. Again, it refreshes my  13 recollection that we did not. This  14 refreshes my recollection that Endo --  15 again, as we talked earlier for  16 continuing education, there's always a  17 desire to -- for these accredited  18 providers to know what the -- whether the  19 education was effective at addressing the  20 gaps, the educational gaps and needs that  21 are identified prior to an educational  22 initiative being undertaken.  23 And what Endo did, because  24 this was a one-time -- this was a unique</p>
<p style="text-align: right;">Page 595</p> <p>1 ENDO-OPIOID_MDL-06233891-909, was  2 marked for identification.)  3 - - -  4 BY MS. AMINOLROAYA:  5 Q. And this is a 2003  6 performance appraisal for your  7 colleague -- I'm sorry, this is not for  8 your colleague. This is a performance  9 appraisal for you, Linda Kitlinski.  10 And if you turn to Page 7,  11 under Lidoderm, on the right-hand column,  12 it states, Expand clinical utilization  13 through advocacy development and  14 educational initiatives together with  15 CD&amp;E team.  16 And that's your team, right,  17 Ms. Kitlinski?  18 A. Yes.  19 Q. It states, Contracted for  20 controlled return on education impact  21 study of the NIPC program.  22 Did I read that correctly?  23 A. Yes.  24 Q. Okay. Data on 585</p>	<p style="text-align: right;">Page 597</p> <p>1 opportunity, because there was no -- I'm  2 sorry. I'll wait until -- it was --  3 there were no topical analgesics that  4 were -- that were available prior to this  5 time.  6 And so this was an  7 opportunity to understand the uptake on  8 the, you know, discussion of topical  9 analgesics, how they differ from systemic  10 analgesics, how they differ from  11 transdermal analgesics, et cetera.  12 And we wanted to do it in an  13 appropriate way that would be ACCME  14 compliant. So you can see that we  15 contracted for a controlled --  16 "controlled" meaning that there was a  17 control group that did not participate in  18 the NIPC, whatever this topic was,  19 topical analgesic program -- and they  20 were compared to the clinicians who did.  21 And the outcome was that  22 there was -- as reflected by their  23 prescribing of topical analgesics, which,  24 again, there were no -- there were no</p>

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1 previous baseline information available  
 2 on that. This provided it. It was a  
 3 one-time commitment that we made that the  
 4 NIPC conducted.  
 5 It would not have been  
 6 appropriate in something like opioids,  
 7 where you would not have any way of  
 8 determining what the baseline was, you  
 9 would not be able to do a controlled  
 10 study, in that you would not be able to,  
 11 you know, execute that.  
 12 So this was the one time  
 13 where we conducted a return on -- where  
 14 we -- where we, meaning the Professional  
 15 Postgraduate Services folks, conducted a  
 16 return on education study.  
 17 Q. Ms. Kitlinski, that's not  
 18 what this document states, though, right?  
 19 It states, Contracted for  
 20 controlled return on education impact  
 21 study of the NIPC program.  
 22 And you're including --  
 23 A. Yes. That's what I just  
 24 said.

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1 Q. -- this in your 2003  
 2 performance appraisal, correct?  
 3 A. Yes.  
 4 Q. And so Endo contracted for  
 5 this study, correct?  
 6 A. Yes. But "contract" --  
 7 Q. And the study --  
 8 A. -- "contracted for" meant  
 9 provided an educational grant to the  
 10 independent provider to look at that  
 11 outcome as a metric.  
 12 That doesn't mean we  
 13 conducted it. And that doesn't mean that  
 14 we had input into it. We contracted with  
 15 them, the CE provider, to do that.  
 16 Q. That wasn't my question,  
 17 whether you had input into it.  
 18 My question was whether the  
 19 study was conducted and whether it was at  
 20 your direction.  
 21 A. Yes, it was --  
 22 MR. DAVIS: Objection to  
 23 form.  
 24 THE WITNESS: -- at our

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1 direction because we wanted to  
 2 obtain that baseline information  
 3 and identify whether the education  
 4 was being impactful.  
 5 BY MS. AMINOLROAYA:  
 6 Q. All right. And the -- what  
 7 the study showed was that NIPC education  
 8 moved the needle on prescriptions, right?  
 9 MR. DAVIS: Objection to  
 10 form.  
 11 THE WITNESS: What it showed  
 12 was that clinicians who  
 13 previously -- again, this was not  
 14 the sole measure.  
 15 As we talked before, there  
 16 are the educational quality  
 17 measures that the providers would  
 18 ask, in terms of their  
 19 understanding of topical  
 20 analgesics and all of the things  
 21 we just talked about a moment ago,  
 22 as they compared to other  
 23 modalities.  
 24 And at the end, this is

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1 similar to what a CE provider  
 2 would do today, for example, in  
 3 three months after someone  
 4 participates in the activity; they  
 5 would send out a questionnaire to  
 6 a control group who did not  
 7 participate and a group that did  
 8 participate, and ask them, how  
 9 would you manage these patients  
 10 differently?  
 11 And that's what the  
 12 outcome -- how that is conducted  
 13 today in opioid analgesic CE by  
 14 the providers.  
 15 So this was Endo's -- again,  
 16 trying to get their hands around  
 17 the metrics that were appropriate  
 18 here.  
 19 MS. AMINOLROAYA: Move to  
 20 strike. That was not my question.  
 21 THE WITNESS: I'm sorry,  
 22 your question was, is it not that  
 23 Endo conducted a controlled return  
 24 on education, and you read that

Page 602	Page 604
<p>1 sentence. And I said, no, we 2 contracted for it. 3 And that's what we did. I 4 thought that was your question. 5 BY MS. AMINOLROAYA: 6 Q. My question was whether the 7 study showed that NIPC education 8 increased sales -- increased 9 prescriptions, rather? 10 A. And I did answer that. 11 Q. And you agree that the 12 studies showed that NIPC education 13 increased prescriptions, correct? 14 A. The study showed that the 15 clinicians who participated in topical 16 analgesic education also wrote, during 17 that time period, an increase in Rx's for 18 that class of topical analgesics. 19 Q. Switching gears. 20 Do you recall a discussion 21 you had with counsel regarding the 22 RiskMAP? 23 A. The thick document that we 24 were just talking about previously?</p>	<p>1 A. Yes. 2 Q. And we discussed some of 3 those dialogues today? 4 A. Correct. 5 Q. And we also discussed that 6 Endo was the sole funder of the NIPC, 7 correct? 8 A. Yes. 9 Q. So if Endo stopped funding 10 the NIPC, the NIPC program could not have 11 continued, correct? 12 A. No -- 13 MR. DAVIS: Objection to 14 form. 15 THE WITNESS: -- that's not 16 correct because Thomson could have 17 gotten another pharmaceutical 18 company to support it or they 19 could have gotten another 20 combination of support from other 21 folks. 22 It's speculative, you know, 23 what would happen. I can't 24 predict. But it was not that the</p>
Page 603	Page 605
<p>1 Q. Exhibit-50. The risk 2 minimization action plan -- 3 A. Yes, I recall that. 4 Q. -- for Opana ER. 5 You discussed it at length? 6 A. At length, yes. 7 Q. You seemed very familiar 8 with the document. 9 A. I am very familiar with it. 10 I did it every quarter for -- 11 Q. And you testified that Endo 12 did not have control over the education 13 in the RiskMAP, correct? 14 A. I testified that Endo did 15 not have control over the independent 16 education that was part of the RiskMAP. 17 We did have control over 18 some of the educational initiatives that 19 were in there, such as the brochures that 20 I referenced, the patient brochures, the 21 tear-pads, et cetera. 22 Q. And the NIPC dinner 23 dialogues were a component of the RiskMAP 24 for Opana ER, correct?</p>	<p>1 initiative would magically go away 2 if we did not continue to fund it. 3 But it was a good 4 educational initiative, so there 5 was no reason to consider that. 6 BY MS. AMINOLROAYA: 7 Q. Endo provided a lot of 8 funding for this, correct? 9 \$31 million in nine years, 10 that's a lot of money; you would agree? 11 MR. DAVIS: Objection to 12 form. 13 THE WITNESS: We had that 14 discussion at length. And, again, 15 what is a lot of money is relative 16 to what -- A, what the 17 implementation of that activity 18 costs, the fact that much of it 19 was pass-through expenses 20 associated with enduring 21 materials, audio/visual, any of 22 the meal functions, the faculty 23 honoraria, travel, space where the 24 programs were held, et cetera.</p>

<p style="text-align: right;">Page 606</p> <p>1 So, again, the net amount                  2 that was paid out did not include                  3 all -- did not -- that was paid                  4 out to the organization did not                  5 include those pass-through                  6 expenses.                  7 BY MS. AMINOLROAYA:                  8 Q. And your counsel didn't show                  9 you any examples of the pass-through                  10 expenses, so we haven't seen any evidence                  11 of that, right, of the pass-through                  12 expenses, what portion went to pay --                  13 A. There wasn't anything in the                  14 RiskMAP associated with that.                  15 But knowing -- since I was                  16 on the grant committee that reviewed the                  17 grants and approved them, that was                  18 something that I was familiar with.                  19 And, again, I was not                  20 telling you what, specifically, the                  21 dollar values of the pass-throughs were;                  22 simply telling you what they consisted                  23 of.                  24 Q. And if Endo didn't provide</p>	<p style="text-align: right;">Page 608</p> <p>1 to the NIPC, Dr. Argoff would not have                  2 been paid the honorarium that he was                  3 given in 2006, the one we looked at,                  4 correct?                  5 MR. DAVIS: Objection to                  6 form.                  7 THE WITNESS: If he did not                  8 do the activity, that's correct.                  9 BY MS. AMINOLROAYA:                  10 Q. And if Endo didn't provide                  11 the funding --                  12 A. That's correct.                  13 Q. -- he would not have                  14 received that --                  15 MR. DAVIS: Objection to                  16 form.                  17 BY MS. AMINOLROAYA:                  18 Q. -- honorarium, correct?                  19 But Endo continued to pay,                  20 year after year, for the NIPC                  21 programming, correct, between 2001 and                  22 2012?                  23 A. Endo continued to support an                  24 educational initiative that FDA provided</p>
<p style="text-align: right;">Page 607</p> <p>1 this funding, would Dr. Argoff, for                  2 example, have received that -- continued                  3 to receive honorariums?                  4 MR. DAVIS: Objection to                  5 form.                  6 THE WITNESS: Dr. Argoff, as                  7 well as the folks that were                  8 participating as faculty for the                  9 NIPC, by virtue of the fact that                  10 they are therapeutic experts,                  11 speak for many organizations, both                  12 pharmaceutical companies as well                  13 as professional societies and                  14 nonprofits and state boards and                  15 things like that.                  16 So whether Dr. Argoff                  17 received an honorarium from the                  18 NIPC had -- I can't speculate on                  19 what his other honoraria consisted                  20 of, but I'm pretty sure that they                  21 are not solely Endo, you know,                  22 provided.                  23 BY MS. AMINOLROAYA:                  24 Q. If Endo cut off the funding</p>	<p style="text-align: right;">Page 609</p> <p>1 us feedback on was a valuable educational                  2 initiative. They reviewed materials,                  3 they reviewed the reports, and there was                  4 no reason not to continue to support it,                  5 because it was -- it was an effective                  6 educational initiative, and it was                  7 aligned with increasing the risk                  8 awareness strategies that we were aiming                  9 for.                  10 Q. And you said FDA provided                  11 feedback that the program that -- the                  12 NIPC program was a valuable education                  13 initiative.                  14 Where did FDA do that?                  15 A. In discussions when we would                  16 submit our reports, you know, are there                  17 any -- as counsel -- as our counsel                  18 asked, did you ever receive any feedback                  19 from the FDA?                  20 I said that they had                  21 commented that this was one of the                  22 best -- best, excuse me, RiskMAPs that                  23 they had received.                  24 When we talked about -- when</p>

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1 we talked about the type of activities  
2 that should be included when we were  
3 planning the RiskMAP, they conveyed that  
4 they -- they also conveyed it indirectly,  
5 in my mind, anyway, when they determined  
6 that the REMS CE was a valuable means of  
7 providing the REMS training. And so that  
8 was an indirect, you know, again,  
9 acknowledgment of the value of that type  
10 of education.  
11 Q. And when did these  
12 conversations occur, Ms. Kitlinski?  
13 A. Which ones?  
14 Q. The conversations where FDA  
15 was providing the feedback you just  
16 described.  
17 A. Well, as I said, Dr.  
18 Throckmorton commented on that at one of  
19 the -- I don't remember the year, but  
20 when we had submitted the RiskMAPs and  
21 when we were talking about planning the  
22 REMS.  
23 Q. When was Dr. Throckmorton at  
24 the FDA?

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1 A. I don't -- I don't know what  
2 his tenure was there. He was there when  
3 the REMS was being -- Dr. Jenkins and  
4 Dr. -- and Doug Throckmorton were there  
5 when the opioid, ER opioid REMS was being  
6 planned.  
7 Q. You were just discussing  
8 RiskMAP.  
9 You said Dr. Throckmorton  
10 was at FDA when the REMS was being  
11 implemented, right? RiskMAP was ten  
12 years prior to that?  
13 A. Doug Throckmorton has been  
14 at the FDA for a long period of time. I  
15 just don't know the exact years.  
16 Q. And you were involved with  
17 conversations with the FDA regarding the  
18 RiskMAP?  
19 A. Endo was involved in --  
20 Q. Were you involved?  
21 A. -- conversations with the  
22 FDA.  
23 Q. Were you personally  
24 involved? Were you at FDA meetings

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1 regarding RiskMAP?  
2 A. No --  
3 Q. No.  
4 So you have no personal  
5 knowledge about --  
6 A. Yes --  
7 Q. -- what you're discussing?  
8 A. I just told you what -- Dr.  
9 Throckmorton made a comment at a  
10 conference that I was sitting in the  
11 audience for.  
12 Q. Dr. Throckmorton, was Dr.  
13 Throckmorton involved in the  
14 conversations between Endo and the  
15 RiskMAP between 2004 and 2006?  
16 MR. DAVIS: Objection to  
17 form.  
18 THE WITNESS: As I said, I  
19 wasn't there. So I don't know  
20 that --  
21 BY MS. AMINOLROAYA:  
22 Q. So you have no personal  
23 knowledge of FDA's interactions with Endo  
24 on the RiskMAP, correct, Ms. Kitlinski?

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1 MR. DAVIS: Objection to  
2 form.  
3 BY MS. AMINOLROAYA:  
4 Q. You're under oath.  
5 A. I have no personal  
6 knowledge --  
7 Q. Thank you.  
8 A. -- but the fact that I was  
9 there. I have knowledge of what was  
10 provided back to us from the individuals  
11 in regulatory who did.  
12 Q. You have no personal  
13 knowledge, though, correct?  
14 A. That's what I said, yes.  
15 MR. DAVIS: Objection to  
16 form.  
17 THE WITNESS: Several times.  
18 BY MS. AMINOLROAYA:  
19 Q. You did not personally have  
20 the interaction with the FDA that you  
21 just described, correct?  
22 MR. DAVIS: Objection to the  
23 form. That's not what she said.  
24 THE WITNESS: That's not

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1 what I said. Three times now I've  
2 said that's not what I said. I'm  
3 sorry if I -- you know if it was  
4 misunderstood.  
5 BY MR. DAVIS:  
6 Q. To clarify, did you have an  
7 interaction with FDA during the period of  
8 time that the RiskMAP was being developed  
9 and implemented for Opana ER, where the  
10 FDA stated what you just said?  
11 MR. DAVIS: Objection to  
12 form.  
13 THE WITNESS: I personally  
14 did not.  
15 BY MR. DAVIS:  
16 Q. Thank you.  
17 And, in fact, you're not in  
18 regulatory, correct, Ms. Kitlinski?  
19 A. That's correct. I've stated  
20 that several times.  
21 Q. Were you at the March 3rd,  
22 2009 FDA meeting with industry regarding  
23 REMS?  
24 A. I was at the ad com meeting

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1 that the -- I don't recall the date when  
2 the RPC and FDA discussed the strawman  
3 REMS proposal. I don't recall the date,  
4 I'm sorry.  
5 I was intimately involved  
6 with the discussions with the FDA on the  
7 REMS, at least on the educational aspects  
8 of those.  
9 MS. AMINOLROAYA: We're  
10 marking Exhibit-52. And I  
11 apologize, it's 10:00 p.m. in the  
12 evening, we were able to get one  
13 copy of this document, which I'm  
14 going to give you.  
15 The trial tech is also going  
16 to pull up a copy on the screens,  
17 and we'll give this to the court  
18 reporter. And we'll provide you  
19 with a copy.  
20 MR. DAVIS: I think the  
21 requirements for providing  
22 opposing counsel with exhibits is  
23 pretty darn clear.  
24 But we can go ahead here and

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1 just ask that you show the  
2 courtesy --  
3 MS. AMINOLROAYA: It's 10:00  
4 p.m., and we're doing our best.  
5 I'm sure you can appreciate that.  
6 MR. DAVIS: That doesn't  
7 change the clarity of the CMOs.  
8 Take a look.  
9 MS. AMINOLROAYA: And the  
10 document is available on the  
11 screen, and the trial tech can --  
12 will flip to the page that we're  
13 looking at.  
14 - - -  
15 (Whereupon, Endo-Kitlinski  
16 Exhibit-52,  
17 ENDO-OPIOID\_MDL\_DEPONENT  
18 000000184-189, was marked for  
19 identification.)  
20 - - -  
21 BY MS. AMINOLROAYA:  
22 Q. So this is a document from  
23 Pat Woolf to -- I believe Mr. Barto is  
24 included on the "to" line here.

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1 MS. AMINOLROAYA: And if the  
2 trial tech would be so kind to  
3 blow it up.  
4 Thank you.  
5 BY MS. AMINOLROAYA:  
6 Q. Do you know Mr. Barto at  
7 FDA -- at Endo, Ms. Kitlinski?  
8 A. Yes, I know Mr. Barto at  
9 Endo.  
10 Q. And how about Ms. Chapman?  
11 A. Yes.  
12 Q. And Mr. Bingol?  
13 A. Yes, I know who Mr. Bingol  
14 is.  
15 Q. And this e-mail is dated  
16 March 5th, 2009. Subject is, FDA REMS  
17 meeting, draft development.  
18 And so I can represent to  
19 you that this is after the meeting that  
20 FDA had with industry in February -- or  
21 in March, rather, of 2009.  
22 A. I'm just confused here,  
23 because I don't know what 3317 -- I see  
24 this as FDA REMS meeting. And then it

<p style="text-align: right;">Page 618</p> <p>1 says, 3317 updated draft development 2 plan. 3 Q. Let's not focus on that 4 right now. 5 A. No, I'm just trying to 6 understand the context, because 3202 was 7 the ERLA opioid that Endo had that I 8 was -- I don't want to misrepresent. 9 I said I was intimately 10 involved with the conversations with the 11 FDA as it related to the ERLA opioid 12 REMS. And so I just want to be clear 13 that that's what I was referring to, was 14 the Opana ER. So, I don't know what -- 15 I'm sorry, I don't know what 3317, 3288 16 are. 17 Q. That's perfectly fine. My 18 questions are not about 3317. 19 So you can see here, the 20 e-mail starts, EN3288-EN3317 team 21 members. 22 Are you familiar with 23 EN3288? 24 A. No. I just said I was not.</p>	<p style="text-align: right;">Page 620</p> <p>1 was of that meeting. I do know 2 that Bob Barto, as our regulatory 3 person, is involved with meetings 4 with the FDA. 5 But that's the extent that I 6 can characterize this. 7 BY MS. AMINOLROAYA: 8 Q. And if we go to Page 8 of 9 the document, we see some slides. It 10 says, REMS for opioid analgesics. How 11 did we get here? Where are we going? 12 And these slides are from 13 Bob Rappaport, MD. 14 Is that a familiar name to 15 you? 16 A. Yes. 17 Q. Mr. Rappaport -- 18 A. Dr. Rappaport. 19 Q. -- or Dr. Rappaport is the 20 director of the division of anesthesia, 21 analgesia and rheumatology products at 22 the FDA. And the slides are dated March 23 3rd, 2009. 24 A. Yes.</p>
<p style="text-align: right;">Page 619</p> <p>1 Q. I'll represent to you that 2 that's an internal number at Endo for 3 Opana ER reformulated. 4 A. I'm also not copied on this 5 e-mail, so this is the first time I'm 6 seeing it. 7 Q. Yes, that's correct, Ms. 8 Kitlinski, you're not copied on this 9 e-mail. 10 And the e-mail states, 11 Attached are the following documents of 12 interest. And, really, the focus for us 13 right now is going to be slides from FDA 14 REMS meeting held on March 3 and Bob 15 Barto's overview of the FDA REMS meeting. 16 Did you know that Bob Barto 17 was at the FDA REMS meeting -- 18 MR. DAVIS: Objection. 19 BY MS. AMINOLROAYA: 20 Q. -- held on March 3rd, 2009? 21 MR. DAVIS: Objection to 22 form. 23 THE WITNESS: Again, I've 24 said I don't know what the date</p>	<p style="text-align: right;">Page 621</p> <p>1 Q. All right. And so here on 2 the bottom of the slide, he's discussing 3 the scope of the problem. 4 2000, first reports of 5 widespread OxyContin abuse. Advisory 6 committee meetings. 7 A. I'm sorry, I was looking -- 8 I must be in the wrong place. I was 9 looking here at Dr. Rappaport's title. 10 What slide are you looking 11 at? 12 Q. So if you go to the slide 13 just beneath that, just beneath Dr. 14 Rappaport's slide. 15 A. I was looking at it on the 16 cover page here. I see where you mean 17 here, scope of the problem. Got it. 18 Q. So scope of the problem 19 starts in 2000 with first reports of 20 widespread OxyContin abuse, correct? 21 A. Yes. That's what the slide 22 says. 23 Q. 2009, prescription opioid 24 abuse and misuse continues to grow.</p>

<p>Page 622</p> <p>1 And during this period of 2 time, did Endo have a RiskMAP in place 3 for Opana ER? 4 MR. DAVIS: Objection to the 5 form. That's all the time we 6 have. 7 MS. AMINOLROAYA: How much 8 time do I have left? 9 VIDEO TECHNICIAN: That was 10 one hour -- 11 MR. DAVIS: Okay. You're 12 done. 13 MS. AMINOLROAYA: I just 14 have one more question with this, 15 if counsel would indulge me. 16 MR. DAVIS: We gave Dave 17 five extra minutes -- 18 MS. AMINOLROAYA: I just 19 have literally one more 20 question -- 21 MR. DAVIS: You're done. 22 MS. AMINOLROAYA: -- that 23 will take 60 seconds. 24 MR. DAVIS: Thank you.</p> <p>Page 623</p> <p>1 MS. AMINOLROAYA: It will 2 take 60 seconds. 3 MR. DAVIS: We're off the 4 record. We're done. 5 VIDEO TECHNICIAN: This ends 6 today's deposition. We're going 7 off the record at 10:04 p.m. 8 - - - 9 (Whereupon, the deposition 10 concluded at 10:04 p.m.) 11 - - - 12 13 14 15 16 17 18 19 20 21 22 23 24</p>	<p>Page 624</p> <p>1 CERTIFICATE 2 3 4 I HEREBY CERTIFY that the 5 witness was duly sworn by me and that the 6 deposition is a true record of the 7 testimony given by the witness. 8 9 10 11 Amanda Maslinsky-Miller 12 Certified Realtime Reporter 13 Dated: January 16, 2018 14 15 16 17 (The foregoing certification 18 of this transcript does not apply to any 19 reproduction of the same by any means, 20 unless under the direct control and/or 21 supervision of the certifying reporter.) 22 23 24</p> <p>Page 625</p> <p>1 INSTRUCTIONS TO WITNESS 2 3 Please read your deposition 4 over carefully and make any necessary 5 corrections. You should state the reason 6 in the appropriate space on the errata 7 sheet for any corrections that are made. 8 After doing so, please sign 9 the errata sheet and date it. 10 You are signing same subject 11 to the changes you have noted on the 12 errata sheet, which will be attached to 13 your deposition. 14 It is imperative that you 15 return the original errata sheet to the 16 deposing attorney within thirty (30) days 17 of receipt of the deposition transcript 18 by you. If you fail to do so, the 19 deposition transcript may be deemed to be 20 accurate and may be used in court. 21 22 23 24</p>
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 3                   I, \_\_\_\_\_, do  
 4 hereby certify that I have read the  
 5 foregoing pages, 1 - 624, and that the  
 6 same is a correct transcription of the  
 7 answers given by me to the questions  
 8 therein propounded, except for the  
 9 corrections or changes in form or  
 10 substance, if any, noted in the attached  
 11 Errata Sheet.  
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 14                   LINDA KITLINSKI                   DATE  
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 16                   Subscribed and sworn  
 17 to before me this  
 18 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
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 23                   Notary Public  
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